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| (Requestor's Name) | | | | | |
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| PICK-UP WAIT MAIL | | | | | |
| (Business Entity Name) | | | | | |
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| Certified Copies Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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B. BOSTICK
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EXAMINER

COVER LETTER

| SUBJECT: Party & Event Planner LLC. Name of Limited Liability Company | |
|--|--------|
| Name of Limited Liability Company | |
| | |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. | |
| Please return all correspondence concerning this matter to the following: | |
| · | |
| Hartha Tinoco Name of Person | |
| | |
| Party & Event Planner LLC | |
| 100 west Hidden Valley Blvd Apt. 502. | |
| Boca Raton, FLorida 33487. | , , |
| | : 1 |
| E-mail address: (to be used for future annual report notification) | |
| For further information concerning this matter, please call: | · . |
| Wilelmina Hincapie at (561) 305 4839 | |
| Wilelmina Hincapie at (561) 305 4839 | r > |
| Name of Person Area Code & Daytime Telephone Number S |) |
| Enclosed is a check for the following amount: | |
| \$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S10.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$\text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \text{\$\text{Certified Copy (additional copy is enclosed)}} \text{\$\text{Certified Copy (additional copy is enclosed)}} \text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}}} \text{\$\text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}}} \$\text{\$\t | osed) |
| | |

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Party & Eve | | | |
|--|---|-------------------------------|-------------------------------|
| (<u>Name of the Limited Liabili</u> (A Florida | ity Company as it now ar a Limited Liability Compa | opears on our records any) | <u>s.</u>) |
| The Articles of Organization for this Limited Liability Florida document number | Company were filed on | 9/19/20 | and assigned |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the lin | mited liability company | <u>y here</u> : | |
| Hartha Tinoco Party & The new name must be distinguishable and end with the w | Event Pla | nner LL | C |
| The new name must be distinguishable and end with the w "L.L.C." | vords "Limited Liability Co | ompany," the designat | ion "LLC" or the abbreviation |
| Enter new principal offices address, if applicable: | | | 75 |
| (Principal office address MUST BE A STREET ADI | | | 2 5 |
| Trincipal office dadress most be A STREET ADE | <u> </u> | | |
| | | | P |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | - | 8 |
| | | | \$>· |
| B. If amending the registered agent and/or reg registered agent and/or the new registered office ad | | on our records, <u>er</u> | nter the name of the new |
| | | | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | | Enter Florida stree | et address |
| <u></u> | | , Floric | |
| | City | | Zip Code |

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

| | <u>Name</u> | | Address | Type of Action |
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| 3 / | Má | Athin | Timp of this of authorized representative of a member | |

Page 2 of 2

Filing Fee: \$25.00