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SULKETARY OF STATE AND AMISSEE, FLORIDA

## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: WALK-ON-WATER BALLOONS, LLC 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:				
RUSTAM GALLYAMOV  Name of Person				
WALK-ON-WATER BALLOONS, LLC Firm/Company				
1150 AIRPORT RD, UNIT 159				
DESTIN, FL, 3254/ City/State and Zip Code				
WALK ONWATER BALLOONS QUISA. COM  E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
RUSTAM GALLYAMOV at (850) 687 - 7750				
Name of Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount:				
\$25.00 Filing Fee \$30.00 Filing Fee \$ S55.00 Filing Fee \$ S60.00 Filing Fee, Certificate of Status \$ Certified Copy (additional copy is enclosed) \$ Certified Copy (additional copy is enclosed)				

## MAILING ADDRESS:

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

WALK-ON-WATER BALLOONS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on Sanuary 11,	2012 and assigned
Florida document number <u>L/2 00000/47</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limit "L.L.C."	ted Liability Company," the designatio	n "LLC" or the abbreviation
Enter new principal offices address, if applicable:	178	72
(Principal office address MUST BE A STREET ADDRESS)		
		<u>S</u> <del>S</del>
Enter new mailing address, if applicable:	1150 Airport Destin, FL. 32	Rd 41 159
(Mailing address MAY BE A POST OFFICE BOX)	Destin, FL. 32	54 5
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		er the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	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 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 MGRM = Managing Member

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Filing Fee: \$25.00