12000/6/054

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COVER LETTER

TO: Registration Division of C					
	al Inflatables, LLC				
SUBJECT:	Name of Limi	ted Liability Company			
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.			
Please return all corres	spondence concerning this matter	to the following:			
	Bryan Salkey	,			
		Name of Person			
	Carnival Inflatables,	LLC			
		Firm/Company			
	14941 SW 20 Street				
		Address			
	Davie, FL 33326			in the second	
	mycarnivalguru@gm			ALLAH SLUKE ALUKE	(program
	E-mail address: (i	to be used for future annual report notificati	on)	MY 24 MIASSE	sesa ru myddaes V
For further information	n concerning this matter, please c	eall:			· [
Bryan Salkey		305 3329749			A was be
Nam	e of Person	Area Code & Daytime Te	lephone Number	- 05 - 05 - 05	
Enclosed is a check fo	r the following amount:				
■ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	osed)

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

Carnival Inflatables, LLC	
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company value L12000161054 Florida document number	were filed on December 26, 2012 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and end with the words "Limite "L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	> က ဆိ
	TO THE PARTY OF TH
	53 N
Fatou nove mailing address if applicables	SEC - 17
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	#TT, wes #
	<u> </u>
B. If amending the registered agent and/or registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	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
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
owner	Bryan Salkey	14941 SW 20 Street	Add
		Davie, Fla. 33326	Remove
MGRM Bryan Salkey	Bryan Salkey	14941 SW 20 Street	
		Davie, Fla. 33326	Remove
			Add
			SECAR PARTY 24
			Add
			Remove
			Add
			Remove
			Add
			Remove

D. If ame	rading any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	•
-	
Ma Dated	y 16, 2013 ,
	Bum Silly
	Signature of a mentber of a uthorized epresentative of a member Bryan Salkey
	. Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00