L170006 75769

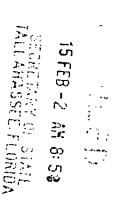
,
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900268971419

02/02/15--01033--027 **25.00



COVER LETTER

TO: Registration Se Division of Cor			
_{SUBJECT:} Florida S	unshine Enterprises LL	С	
		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Randel Richmond		
		Name of Person	
		Firm/Company	
	2203 Curry Ford Roa		
		Address	
	Orlando FL 32806		
		City/State and Zip Code	
	PartyPods.com	to be used for future annual report notif	iention)
For further information c	oncerning this matter, please ca	•	carron,
Randel Richmond		at (407) 808 0091	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

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

ANTICLES OF AMENDMENT

TO ARTICLES OF ORGANIZATION OF

Florida Sunshine Enterprises 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 05 23 2013 and assigned Florida document number L13000075769 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: PartyPods LLC The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 605, 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

Florida

Authorized Member being added or removed from our records: MGR = Manager AMBR = Authorized Member				
			Add	
			Remove	
			□ Add	
			Remove	
			Add	
			□ Remove	
			Add	
		Remove		
			Add	
		Remove		
			Add	
			□ Remove	

'	() () The transfer of the control
,	
The effective	date, if other than the date of filing: date of filing (optional) we date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after is document is filed by the Florida Department of State)
Dated 01	28 2015
	Signature of a member or authorized representative of a member
	Randel Richmond
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

1.015 JO 784 11401 65 -8 NV 5 - 834 CI