13000097877

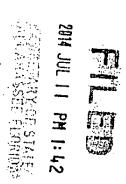
(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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JUL 15 MIN D. BRUCE

COVER LETTER

TO:	Registration Section
	Division of Corporations

SUBJECT: Party Time Equipment LLC
Name of Limit Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Party Time Equipment LLC.

Firm/Company

St. N.W.

Address

Palm Bay Florida 32907

City/State and Zip Code

partytime equipment a hot mail, com

Finall address: (to ge used for future annual report notification)

For further information concerning this matter, please call:

Catherine L Tucker at (321) 725-0702

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee □

\$30.00 Filing Fee & Certificate of Status □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) S60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

UL II PH I:L

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

(Name of the Limited Liability Company as it now appears on our records.) (A Floodia Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on July 10th, 2017 and assigned Florida document number <u>L/3000097877</u> .
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
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: 6180 Babcack ST 14-10
(Principal office address MUST BE A STREET ADDRESS) Palm Bay, Florida
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) [Mailing address MAY BE A POST OFFICE BOX] [Mailing address MAY BE A POST OFFICE BOX]
(Mailing address MAY BE A POST OFFICE BOX) 1556 Shelter St. W.W.
Palm Bay, FL 32907
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: William C. Thompson
Name of New Registered Agent: William C. Thompson New Registered Office Address: 1556 Shelter ST. W. W. Enter Florida street address
Paln Bay Florida 3290 3
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

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

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 billbility

company has been notified in writing of this change.

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = A	uthorized Member		
Title	<u>Name</u>	Address	Type of Action
M6R	William C. Thompson	N 1556 Shelter STN	W to Add
		N 1556 Shelter STN Palm Bay, FLorida	
		32907	<u>, </u>
AMBR	Cotherine L. Tucker	1645 Dittmer Cir. Su falm Boy, Florida	F Add States
		falm Bay, Florida	Remove
		32909	
•			□ Remove
			_
			Add
			☐ Remove
			_
			□ Add
			Remove
			PAdd:
			A Remove

amenai	ing any other information, enter change(s) here: (Atta	nch additional sheets, if necessary.)
e effective	date, if other than the date of filing: te date must be specific, cannot be prior to date of receipt or filed date is document is filed by the Florida Department of State)	
ted	July 3 th, , 2014.	
	Catherine L. Tuc	Ker
	Signature of a member or authorized re	presentative of a member

Page 3 of 3

Filing Fee: \$25.00

