

L13000157988

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

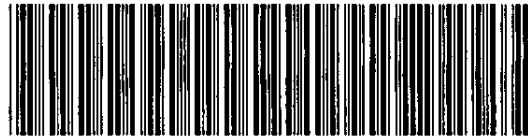
(Business Entity Name)

(Document Number)

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11/25/13--01010--001 **25.00

FILED

13 DEC 13 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 13 2013

T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **PARTY ALL DAY RENTALS 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:

NIKENSON CHERICHEL

Name of Person

PARTY ALL DAY RENTALS LLC

Firm/Company

1061 NW 42ND CT

Address

OAKLAND PARK FL 33309

City/State and Zip Code

NIKENSON_CHERICHEL86@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NIKENSON CHERICHEL

Name of Person

at **954 4799819**

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)

☐ \$60.00 Filing Fee,
Certificate of Status &
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 5, 2013

NIKENSON CHERICHEL
PARTY ALL DAY RENTALS LLC
1061 NW 42ND CT
ORKLAND PARK, FL 33309

SUBJECT: PARTY ALL DAY RENTALS LLC
Ref. Number: L13000157988

We have received your document for PARTY ALL DAY RENTALS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Teresa Brown
Regulatory Specialist II

Letter Number: 113A00027734

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

PARTY ALL DAY RENTALS LLC

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

FILED
13 DEC 13 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 11/12/2013 and assigned
Florida document number L13000157988.

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 "LLC."

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

, 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

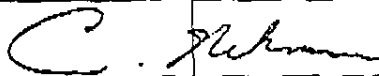
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	NIKENSON CHERICHEL	1061 NW 42ND CT FORT LAUDERDALE FL 33309	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated _____



Signature of a member or authorized representative of a member

NIKENSON Cherichel

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00