L14000028394

(Re	equestor's Name)	
(Ad	dress)	
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TO: Registration Section * Division of Corporations

DR PHILLIPS INFALTABES AND BOUNCE 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:

For further information concerning this matter, please call:

JASMINE RODRIGUEZ

Name of Person

Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

Certificate of Status

□ \$30.00 Filing Fee & _ ., □ \$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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BIG MAMAS ENT LLC

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

(11 Fortua Extrino	Ed Ellomity Company)	
The Articles of Organization for this Limited Liability Compared Florida document number <u>L14000028394</u> .	ny were filed on <u>02/19/2014</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lis	ability company here:	
DR PHILLIPS INFLATABLES AND BOUNCE LLC		•
The new name must be distinguishable and end with the words "Limited L	iability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>	
(Principal office address MUST BE A STREET ADDRESS)	To see	Fig. 1
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	TE OF STA	A M
	DA	30
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he Name of New Registered Agent: New Registered Office Address:	office address on our records, enter ere: Enter Florida street address	the name of the no
- ,,	, Florida	Tin Code
	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 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



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:

<u>Title</u>	<u>Name</u>	,	Address	Type of Actio
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Effective date, if other than the date of filin	ng:	(optional)
The effective date must be specific, cannot be prior to d the date this document is filed by the Florida Departme	ate of receipt or filed date and cannet of State)	ot be more than 90 days after
the date this document is filed by the Florida Departme	ate of receipt or filed date and cannet of State)	ot be more than 90 days after
Dated APRIL 28	ent of State) , 2016	
Dated APRIL 28	ent of State)	

Page 3 of 3

Filing Fee: \$25.00

COMETARY OF STATE