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COVER LETTER

TO:	Registration Se Division of Cor				
SUBJE	Balloon Par	ty Decor			
SUBJE		Name of Lim	ited Liability Company	- 	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	ndence concerning this matter	to the following:		
		Yamile Cordero			
			Name of Persor	1	
		Balloon Party DECOR			
			Firm/Company		
		4983 18th CT SW			
			Address		.
		NAPLES FL,34116			
			City/State and Zip C	ode	
		balloonpartydecor3@gmail E-mail address: (.com to be used for future ar	mual report noti	fication)
For fur	ther information co	oncerning this matter, please ea			,
Yamile	e Cordero		239 at (227539 7	
	Name o	f Person	Area Code	Daytim	e Telephone Number
Enclose	ed is a check for th	ne following amount:			
≅ \$2:	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Certified Cop (additional copy	у	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section of Corporations ox 6327 issee, FL 32314	Regi Divi Cliñ 266	REET/COURI istration Section sion of Corport on Building I Executive Ce ahassee, FL 32	rations enter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Balloon Party Decor (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 $\frac{07/24/2014}{1}$ and assigned Florida document number <u>L14000116548</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 contain 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 j 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

Page 1 of 3

If amending or removed	Authorized Person(s) authorized to from our records:	manage, enter the title, name, and address o	f each person being added
MGR = M AMBR = A	anager uthorized Member		
Title	<u>Name</u>	Address	Type of Action
OWNER	Yamile Cordero	4983 18th CT SW Naples FL.34116	■ Add
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If amending any other	information, enter change(s) here:	(Attach additional sheets, if necessary.)	
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Effective date, if other	than the date of filing:	(optional)	
Note: If the date inserted	in this block does not meet the applical	date of filing or more than 90 days after filing.) Pursuant to ble statutory filing requirements, this date will not be	605.0201 listed as
document's effective date	on the Department of State's records.		
the record specifies a	dalayad affaatiya data byk aat		£* .
The 90th day after	the record is filed.	an effective time, at 12:01 a.m. on the ea	mier o
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Dated JULY, 27th	. 2017	- //////	
		SKULLIXX	
	Signature of a member or author	Prepresentative of a member	-
		/	
Yamile Corder	•		

Page 3 of 3

Filing Fee: \$25.00