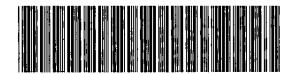
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(Document Number)					
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Special Instructions to Filing Officer:					



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B. BOSTICKJAN - 7 2015

EXAMINER

COVER LETTER

TQ: Registration Section Division of Corporations
SUBJECT: TOPTIGHT Prunce leves water Nives Rentals "LC"
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Christine Bridget
TopFlight Part Pentals "LC == 1
908 Sank anita Street
Orlandor Florida 37808 City/State and Zip Code POSSIGNIDA Wisses At amail. com
E-mail address: (to be used for future aimual report notification) For further information concerning this matter, please call:
Christing Bridget at (40) 860-976 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations A Company of the great was Clifton Building " 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES QF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TOP Flight Bounce louses - Water Slives Achtal's UC'
(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 wer Florida document number <u>L14000 6369</u>	e filed on 10)21 2010	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	company here:	
TOPFlight Party Rentals LLC		
The new name must be distinguishable and end with the words "Limited Liability	Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	908 Santa Un	
(Principal office address MUST BE A STREET ADDRESS)	Orknoo, Fl 30	808
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	908 Sanlo an?1 Orlando, Fl 37	
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on our records, en	ter the name of the new
Name of New Registered Agent:		73 C
New Registered Office Address:	Enter Florida street address	
	, Florida	
New Degistered Agent's Signature if shapping Degistered Agents	City	ZirCode

New Registered Agent's Signature, it 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 authorized Member being added or removed from our records: MGR = Manager AMBR = Authorized Member					
<u>itle</u>	<u>Name</u>	Address	Type of Action		
	***************************************		□ Add		
			□ Remove		
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			□ Remove		
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. If amending any other information, enter change(s) here:	(Agaich additional sheets, if necessary)
. Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or file the date this decorate is filed by the Florida Department of State)	(optional) ed date and cannot be more than 90 days after
Dated 17 18 19	_•
Unioli no Signature of a member or author	rized representative of a member
Christing Bright Typed or printed	d name of signee

Page 3 of 3

Filing Fee: \$25.00

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