

L5000028289

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500271703515

04/13/15--01027--009 **25.00

FILED
15 APR 13 PM 5:32

APR 23 2015
S. YOUNG



340 N. Westlake Blvd. | Suite 210 | Westlake Village, CA 91362

April 7, 2015

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

RE: Balloonistry, LLC

To whom it may concern:

The Enclosed Articles of Amendment and Fee(s) are submitted for filing.
Also, please find enclosed a check for state filing fees in the amount of **\$25.00**
made payable to the FL Dept of State. For information to this filing at the
undersigned.

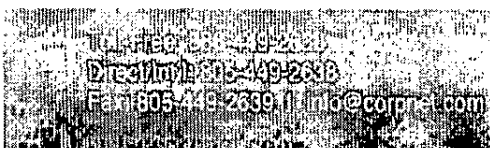
Thank you in advance and please return all correspondence in regards to this
filing using the pre addresses stamped envelope included.

Sincerely,

Amanda J. Beren, Document Processor
CorpNet, Incorporated
888-449-2638 Ext. 105
aberen@corpnet.com

FILED

15 APR 13 PM 5:32



ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Balloonistry, LLC

(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 02/16/2015 and assigned Florida document number L15000028289.

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:

(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 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:

MGR = Manager

AMBR = Authorized Member

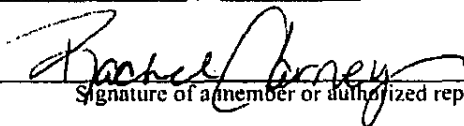
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Ten Six Enterprises LLC	8131 Lakewood Main Street, Suite 204	<input checked="" type="checkbox"/> Add
		Lakewood Ranch, FL 34202	<input type="checkbox"/> Remove
AMBR	MPT Holdings	8131 Lakewood Main Street, Suite 204	<input type="checkbox"/> Add
		Lakewood Ranch, FL 34202	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED
MAR 1 2015
PH 5
72

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b))

Dated _____



Signature of a member or authorized representative of a member

Rachel Carney

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
APR 13 PM 5:32
CLERK OF SUPERIOR COURT
JULIA A. HARRIS