

L15000088772

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

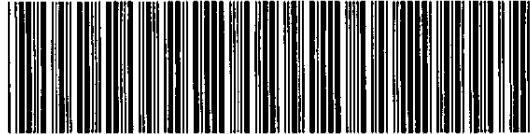
(Business Entity Name)

(Document Number)

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JULIA HESSELE
JULIA HESSELE

JUN 26 2015

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHANGE NAMES OF The MEMBERS
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:

Vilma CONTRERAS
Name of Person
KRAZY Party Hats LLC
Firm/Company
12577 Biscayne Blvd.
Address
NORTH Miami, FL 33181
City/State and Zip Code
VCONTRERAS1382@bmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Vilma CONTRERAS at (786) 525-5292
Name of Person 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

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

KR92Y Party Hats (Hats)
(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 May 19-2015 and assigned Florida document number 15000088772.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

SAME

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

SAME

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SAME

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:

SAME

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
MGR	MERCEDES	1745 SANS SOUVE Blvd NORTH Miami, FL 33181	☐ Add ☒ Remove ☐ Change
MGR	Yoliana RODRIGUEZ	14130 GRAYSON Rd. WOODBRIDGE, VA 22191	☐ Add ☒ Remove ☐ Change
MGR	Vilma CONTRERAS	1655 NE. 115 ST. #21-B	☒ Add
PRESIDENT.		NORTH Miami, FL 33181	☐ Remove ☐ Change
AMBR			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

2015
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ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 11/15/15 BY 60322
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L. J. ...
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated 6-22-2015

Autters

Signature of a member or authorized representative of a member

Vilma CONTRERAS

Typed or printed name of signee