(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phor	ne #)
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K.SALY EXAMINER

COVER LETTER

TO:	Registration Se Division of Cor			
CHDIE	Party 4 Pu	rpose, LLC		
SUDJE	C1:		ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Paris Vasquez		
		- •	Name of Person	
			Firm/Company	
		977 IMERIAL LAKE RD		
			Address	·
		WEST PALM BEACH, FI	L 33413	
			City/State and Zip Code	
		parisvasquez@gmail.com		
		E-mail address: (1	to be used for future annual report notif	ication)
For fur	ther information o	concerning this matter, please ca	all:	
Paris V	asquez		561 420-1830	
	Name c	of Person	at () Area Code Daytime	: Telephone Number
Enclose	ed is a check for t	he following amount:		
3 \$2:	5.00 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**

2016 MAR 28 PM 2:00

Party 4 Purpose, LLC (Name of the Limited Liability Company as it now appears on our record (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on January 28, 2016 and assigned Florida document number _L16000019544 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 "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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Ricardo Garcia Jr	6026 Sherwood Glen Way #8	Add
		West Palm Beach, FL 33415	Remove
			☐ Change
			Add
			□ Remove
			Change
			Change Change
		Remove	
			□ Change
			Add
			Remove
			Change
			Add
			☐ Remove
			Change

	710
fective date, if other than the date of filing:	(optional)
n effective date is listed, the date must be specific and cannot be prior	r to date of filing or more than 90 days after filing.) Pursuant to 605.0 cable statutory filing requirements, this date will not be listed
record specifies a delayed effective date, but no he 90th day after the record is filed.	ot an effective time, at 12:01 a.m. on the earlier
ted February 23	
1///	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00