

(Re	questor's Name)	
(Ad	dress)	
(Ad-	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nar	ne)
,	,	··- ,
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



300331989273

07/26/19--01028--005 **38.00

WE JUL 26 PH 2: 54

COVER LETTER

TO:		stration Sec sion of Corp				
SUBJE	·CT·	UR Party Ph	otobooth & Entertainment LL	C		
			Name of Lim	ited Liability Company		The state of the s
The enc	closed	Articles of A	mendment and fee(s) are sub-	mitted for filing.		Mary Service
Please r	return	all correspon	dence concerning this matter	to the following:		7,
			Thomas Tyson Cook IV			
			UR Party Photobooth & Er	Name of Person ntertainment LLC	•	
				Firm/Company		
			5900 Brae Burn Circle			
			Vero Beach, Florida 32967	Address		
			tyson.cook@gmail.com	City/State and Zip Code	 	
			E-mail address: (t	o be used for future annual report noti-	lication)	
For furt	her in	ormation cor	ncerning this matter, please ca	dl:		
T. Tyso	n Coo			317 946-4672 at ()		
		Name of I	³ erson	Area Code Daytime	e Telephone Number	
Enclose	d is a	check for the	following amount:			
□ \$25	.00 Fi	ling Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Certificate o Certified Co _(additional cop)	f Status & py

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Fund a Signed The Articles of Organization for this Limited Liability Company were filed on October 24, 2016 Florida document number L16000195544 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: UR Party Entertainment LLC 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)

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 ac	ldress
		, Florida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

UR Party Photobooth & Entertainment LLC

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.

ide Name Address Type of Action Add Remove Change Add Remove Change Add Remove Change Add Remove Change	MGR = N AMBR = A	danager Authorized Member		
Remove Remove Remove Add Remove Add Remove Add Remove Add Remove Add Remove Add Add	<u>Title</u>	<u>Name</u>	Address	Type of Action
Change				
				□ Remove
		_		☐ Change
Change				
				□ Remove
Remove Add Remove Add Change Add Add Remove Add Add Add Add Add Add Add Add				☐ Change
				Add
				Remove
Remove Change Add Remove Add A				☐ Change
ChangeAddRemoveChange			<u></u>	
				Remove
			. 	Change
				
				Remove
				Change
				□ Remove

•	
•	
•	
-	
•	
_	
_	
-	
-	
-	
A.C A	the state of all and a state of the state of the
an ef lote:	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
ated	July 22, 2019
aicu	Thomas your Cooke IT
	Signature of a member or authorized representative of a member
	,

Page 3 of 3

Filing Fee: \$25.00