L1700001	7783	
(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #)	- 000352469250 RECEIVED	
	09/29/2001011025 **25.00	
(Business Entity Name) (Document Number)	RECEIVED SEP 2 8 2020	
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:	FILED 2020 SEP 28 PH 5: 49 MULTAHASSEE, FL	
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Registration Section	

TO:	Registration Section
	Division of Corporations

BALLOONS BY LUZ PAZ LLC
SUBJECT:

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:

LUZ PAZ

Name of Person

BALLOONS BY LUZ PAZ LLC

Firm/Company

13601 SW 143RD CT SUITE 103

Address

MIAMI, FL 33186

City/State and Zip Code

SERVIMAXSERVICES@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LUZ PAZ

Name of Person

305 822-0737 at (____) Area Code Davtime

de Daytime Telephone Number

Enclosed is a check for the following amount:

S25.00 Filing Fee

S30.00 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)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BALLOONS BY LUZ PAZ 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 $\frac{01/23/2017}{1.1200017783}$ and assigned Florida document number $\frac{1.17000017783}{1.1200017783}$

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 "LLC."

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) 13601 SW 143RD COURT SUITE 103

MIAMI, FL 33186

(REMOVE THE "UN" AFTER ZIP CODE)

13601 SW 143RD COURT SUITE 103

MIAMI, FL 33186

(REMOVE THE "UN" AFTER ZIP CODE)

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> <u>agent and/or the new registered office address here</u>:

Name of New Registered Agent:	LUZ PAZ		
New Registered Office Address:	13601 SW 143RD COURT SUITE 103		
	Enter Florida street address		
	MIAMI	, Florida ³³¹⁸⁶	
	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.

CEDRETARY OF STATE

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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>	Name	Address	Type of Action
MGR	BUCIO VARGAS, OMAR	15875 SW 153RD AVENUE	Add
		MIAMI, FL 33187	🗆 Remove
			Change
MGR	PAZ, LUZ	15875 SW 153RD AVENUE	🗆 Add
		MIAMI, FL 33187	🗆 Remove
		(REMOVE THE "UN" AFTER ZIP CODE)	EChange
			🗆 Add
			🗆 Remove
			□Change
			2020 CEP 28e PH
		·	🖸 Remove
			□Change
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			🗆 Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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	. <u> </u>			

(optional)

E. Effective date, if other than the date of filing: 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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated	2020	
B		
- Y	gnature of a member or authorized representative of a member	
LUZ PAZ		

Typed or printed name of signee