

LI7000051359

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

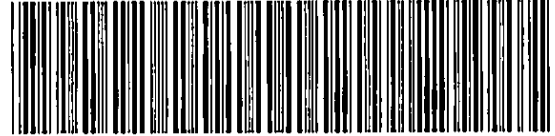
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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10/20/17--01007--030 **35.00

FILED
17 OCT 20 AM 11:52
CLERK OF STATE
TALLAHASSEE, FLORIDA

S. WARREN

OCT 23 2017



October 19, 2017

VIA FEDERAL EXPRESS

Florida Department of State
Division of Corporation
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

RE: PARTY 365, LLC
Our File No. 1200.276

Dear Sir/Madam:

Enclosed herein are original Articles of Amendment to Articles of Organization for the above captioned limited liability company. We enclose a check to cover the following costs.

Filing Fee for Amendment of Limited Liability Company \$25.00

Please return, to the undersigned, your recording date acknowledging the filing of the enclosed.

Very truly yours,

DUARTE LAW FIRM

By: _____

A handwritten signature in black ink, appearing to read 'Cory Muller', is written over a horizontal line.

Cory Muller, Paralegal
on behalf of Eugenio Duarte, Esq.

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

PARTY 365, 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 March 8, 2017 and assigned
Florida document number L17000051359

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

, 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

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FLORIDA

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

10/19

2017

Signature of a member or authorized representative of a member

Madeline Aleman
Typed or printed name of signee

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA