## 117000066259

(Re	equestor's Name)	
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SECRETARY OF STATE
TALLAHASSEE, FLORINA

O BRUCE MAR 30 2017

## **COVER LETTER**

Division of Corporations	
SUBJECT: Poinciana Party Rental LLC 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:	
Miriam Ramirez Name of Person	
Poinciana Party Rental LLC Firm/opinpany	
15 Alicante CT Address	
KISSIMMEE, FL 34758 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	3
For further information concerning this matter, please call:    Part   P	
Enclosed is a check for the following amount:	· []
\$25.00 Filing Fee \$\simega\$ \$30.00 Filing Fee & \$\simega\$ \$\scale{\scale}\$ \$55.00 Filing Fee & \$\scale{\scale}\$ \$\scale{\scale{\scale}}\$ \$\scale{\	

TO:

**Registration Section** 

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**

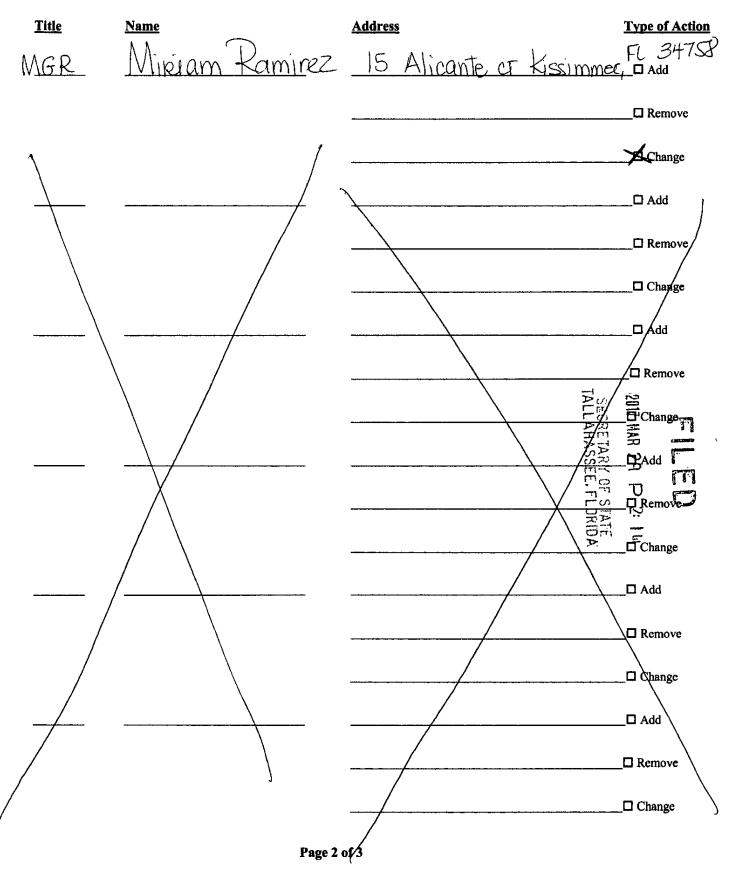
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(Name of the Limited Liability Company as it now appears on our records.)		
(A Florida Limited L	.iability Company)	
The Articles of Organization for this Limited Liability Company	were filed on March 23, 2017 and assigned	
Florida document number <u>L17000066259</u> .	,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabit	ity 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)	74.8	
	ARR M T	
	TARY ASSE	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	ORID,	
B. If amending the registered agent and/or registered of 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

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



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fective date, if other than the date of filing:	(optional)
n 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 605.02
ote: If the date inserted in this block does not meet the applicable statucument's effective date on the Department of State's records.	itory filing requirements, this date will not be listed
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record specifies a delayed effective date, but not an eff	factive time at 12:01 a.m. on the earlier
The 90th day after the record is filed.	ective time, at 12.01 a.m. on the earner
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ted March 27, 2017.	
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Typed or printed name of signee

Filing Fee: \$25.00