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APR 12 2017 J. HARRIS

## **COVER LETTER**

SURIEC	г. В	LOKPARTY, LLC		
O D J L C		Name of Limi	ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please reti	urn all correspo	ondence concerning this matter	to the following:	
		Kelly 1	H. Kolb	
		,	Name of Person	•
			Firm/Company	
		1234	Bayview Dr.	·····
			Audress	_
		Ft. L	auderdale, FL 33 City/State and Zip Code	<u>304</u>
	· · ·	KhK	01652@gmail. c	om
For furthe	r information c			ication)
K	elly H.	Kolb	at (954)70	3-3944
	I 2 3 4 Bayview DY.			
Enclosed i	is a check for the	ne following amount:		
<b>⊠</b> \$25.00	0 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

(Name of the Limited		
(A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab	ility Company were filed ono3/27/20	and assigned
Florida document number <u>L170000687</u>		
This amendment is submitted to amend the follow		
A. If amending name, enter the new name of th	ne limited liability company here:	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable	le:	7
(Principal office address MUST BE A STREET A		PR
		0 925 7 7 50
		<b>=</b> 300
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	<del>-3</del> ½
B. If amending the registered agent and/or registered agent and/or the new registered offic		enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	1234 Bay view Dr.  Enter Florida street address	
-	Fort Landerdale , Florid	da 33304 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, <u>enter the title, name, and address of each person\_being added</u> or removed from our records:

MGR = Manager

AMBR = Authorized Member **Type of Action Title Name Address** Debora Caruso Kolb 1234 Bayview Dr. Add Fort Lauderdale, FL 33304 ☐ Change Kelly H. Kolb □ Add Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change Remove ☐ Ghange \_□ Add ☐ Remove

☐ Change

If amending any other in					
	·				
<u> </u>					
				-	
				<u> </u>	
Effective date, if other th	an the date of filing:		(optiona	al)	
f an effective date is listed, the <b>Note:</b> If the date inserted in	date must be specific and cann in this block does not meet to in the Department of State's	ot be prior to date of filing or the applicable statutory fil	more than 90 days after fili	ng.) Pursuant to 605.	.0207 ed as t
e record specifies a d The 90th day after t	elayed effective date, he record is filed.	, but not an effective	e time, at 12:01 a.m	1. on the earlie	er of
Pated	<u></u> ,	2017			
	Signature of a memb	per or authorized representati	ve of a member		سلام د در
				70	2
	16011. H 1/01/				
	Kelly H. Kolb	ed or printed name of signee		APR 10 PM	0.84E.

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Filing Fee: \$25.00