

L17000114393

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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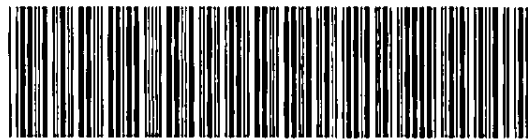
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FALL ARIZONA

AUG 29 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Josh Party Rental, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following.

Jose F DeJesus
Name of Person

Josh Party Rental, LLC
firm Company

5165 SW 5th
Address

Coral Gables FL 33134
City, State and Zip Code

JoshPartyRental@outlook.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Jose F DeJesus at 305, 842-4903
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 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

JOSE PARTY RENTAL LLC
(Name of the Limited Liability Company as it now appears in the records of the Florida Department of State)

The Articles of Organization for this Limited Liability Company were filed on 5/23/2017 and the Florida document number L17000114393

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

NONE APPLICABLE

The new name must be distinguishable and contain no words prohibited by law. The new name must be in English.

Enter new principal office address, if applicable:

NONE APPLICABLE

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

NONE APPLICABLE

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address, enter the name and address of the registered agent and/or the new registered office address here:

Name of New Registered Agent:

NONE APPLICABLE

New Registered Office Address:

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 617, F.S. On this _____ day of _____, 2017, 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.

NONE APPLICABLE

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Jose F. DeJesus	5165 SW 5 th	☒ Add
		Coral Gables, FL 33134	☐ Remove
			☐ Change
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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days before filing. (See 37 CFR 2.101(b)(2)(ii)).)

(b) The 90th day after the record is filed.

Dated

Aug 23, 2017

Signature of a member or authorized representative of a member

x Jose Fernando de Jesus

Typed or printed name of signee

Filing Fee: \$25.00

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JAL 11/11/83

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