## L17000120813

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## **COVER LETTER**

TO:

TO: Registration Se Division of Cor			
	ESTA PARTY RENTAL, LLO	C	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	LULY GONZALEZ KAH	R	
		Name of Person	
	VTAX CENTRO LATINO	)	
		Firm/Company	·····
	3223 S US HWY I SUITE	Al	
		Address	
	FORT PIERCE FL 34982		
		City/State and Zip Code	
	luly@vtaxcl.com	to be used for future annual report no	
For further information c	n-mail acuress: ( oncerning this matter, please c	·	meanon
LULY GONZALEZ KA		772 464-0712	
Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for the	ne 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 Addres		Street Address:	
Registration Section Division of Corporations		Registration Se Division of Co	
P.O. Box 632	•	The Centre of	•
Tallahassee, l	FL 32314	2415 N. Monro	be Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Co	mpany as it now appears on our r	records.)
(A Florida Limi	ited Liability Company)	
The Articles of Organization for this Limited Liability Comp	any were filed on $\frac{06/02/2017}{}$	and assigned
Florida document number £17000120813		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
ROSIE'S FIESTA WEDDINGS & EVENTS DECOR, LLC.		
The new name must be distinguishable and contain the words "Limited L	iability 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	<u> </u>	
		020 31
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		TI TI
The state of the s		量员
		- : -
B. If amending the registered agent and/or registered offi	ice address on our records, <u>c</u>	enter the name of the new registere
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Villee 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

<u>Title</u>	Name	Address	Type of Action
			□Remove
			Change
			Change
			□Remove
		<del> </del>	□Change
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
		- PANSETTA I	□Remove
			□ Change

(If an e <u>Note:</u>	five date, if other than the date of filing:
he reco	rd 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 iled.
Dated	Buy llowers.
	Signatury of a member or authorized representative of a member
	Management of a member of authorized representative of a member

Filing Fee: \$25.00