L17000164971

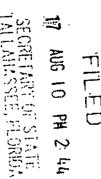
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Special Instructions to I	Filing Officer:	
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D. SCOTT AUG 1 1 2017

COVER LETTER

TO: Registration S Division of Co				
Express Pa	arty Packs LLC			
SUBJECT:	Name of Lim	ited Liability Company		
	f Amendment and fee(s) are sub ondence concerning this matter	-		
Trease retain an eviresp	Clive Bert	to the following.		
	- 	Name of Person	<u>. </u>	
	Express Party Packs LLC			
		Firm/Company		
	225 Preserve Court			
		Address		
	Royal Palm Beach, FL 334	411		
		City/State and Zip Code		
	cbert41@gmail.com E-mail address: (to be used for future annual report notific	ation)	
For further information	concerning this matter, please ca	all:	ರೂ ಕ	
Clive Bert		561 319-6276	AUC N. L.AH	蚚
Name	of Person	Area Code Daytime	elephone Number SSET 0	FILED
Enclosed is a check for t	the following amount:		· 三 · 三 · 三 · 三 · 三 · 三 · 三 · 三 · 三 · 三	O.
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)	
	JNG ADDRESS: ration Section	STREET/COURIE. Registration Section	R ADDRESS:	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Express Party Packs LLC		
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L17000164971</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."	<u> </u>
Enter new principal offices address, if applicable:	7750 Okeechobee Blvd, Suite 4-612	
(Principal office address MUST BE A STREET ADDRESS)	West Palm Beach, FL 33411	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		e new
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	ee to act in this capacity. I further agree to comply wil	th the

If Changing Registered Agent, Signature of New Registered Agent

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 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>	Type of Action
AMBR	Nardia McKenzie	225 Preserve Ct RPB FL 33411	
			☐ Change
AMBR	Clive Ben	225 Preserve Ct RPB FL 33411	■ Add
			Remove
			☐ Change
			Add
			□ Remove
			Change
	<u> </u>		
			□ Remove
			☐ Change
			SEA
			O Change
			Change
	<u> </u>		
			☐ Remove
			□ Change

	ending any other information, enter change(s) here: (Allach additional sheets, if necessary.)
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(lfan ef <u>Note:</u>	tive date, if other than the date of filing: [Sective 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 (3x). If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not he listed as the nent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	8/6/17
	Signature of a member for authorized representative of a member
	Clive Bert Nardia McKenzie Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00