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(Re	questor's Name)	_		
(Ad	dress)			
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(Cit	y/State/Zip/Phone	e #)		
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S. WARREN AUG 2 8 2017

COVER LETTER

то:	Registration Sec Division of Corp						
cup ic		&TRASPORTATION SERVI	CES LLC				
SUBJE	C1:	Name of Lim	ited Liability Company	· 			
The enc	losed Articles of A	mendment and fee(s) are sub-	mitted for filing.				
Please r	eturn all correspon	dence concerning this matter	to the following:				
		JESUS ALVAREZ					
			Name of Person				
			Firm/Company				
4700 MILLENIA BLVD STE #175							
			Address				
		ORLANDO FL 32839					
		City/State and Zip Code					
		mentor_orlando1@yahoo.co	on to be used for future annual report notifi	cation)			
For furt	her information co	ncerning this matter, please co	•				
JESUS	ALVAREZ		407 9280628 at ()				
	Name of	Person		Telephone Number			
Enclose	d is a check for the	e 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:

TO:

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

J.E PARTY&TRASPORTATION SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Compan	ny were filed on	and assigned
Florida document number L17000175627		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
J.E PARTY&TRANSPORTATION SERVICES LLC		
The new name must be distinguishable and contain the words "Limited Liai	bility Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		ter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		<u> </u>
	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Membe
	• •	

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			Change
			Remove
			Change
			Add
			Remove
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). If amending any other informa	ation, enter cr	iangc(s) ₍ nere	: (Анасн ааа)	utonai sneets, į	j necessary.)		
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Effective date, if other than the (If an effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the E	st be specific and lock does not m	cannot be prior t neet the applica	o date of filing or ble statutory fi	more than 90 day	(optional) s after filing.) Po s, this date wi	ursuant to 6 ll not be l	605.0207 (3) isted as the
the record specifies a delaye) The 90th day after the rec		ate, but not	an effective	e time, at 12:	:01 a.m. on	the ear	rlier of:
Dated		2017			<u>:</u>	17	
Dated	•		 ·				-n -
	Signature of a n	nember of author	rized representati	ve of a member	ia d min	21 AH	
JESUS ALVAREZ					2. 2. 0.	, =	<u>. </u>

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Typed or printed name of signee

Filing Fee: \$25.00