## 11800010117

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## **COVER LETTER**

TO:	Registration Se Division of Cor			
SUBJE	The Party P	edaler L.L.C.		
	C1		ited Liability Company	
The enc	losed Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		LaNier Echols		
			Name of Person	
			Firm/Company	
		8849 Old Kings Rd. S 172		
			Address	
		Jacksonville, Florida 3225	7	
			City/State and Zip Code	<del>.</del>
		lanier.echols@gmail.com		
		E-mail address: (1	to be used for future annual report noti-	fication)
For furtl	ner information co	oncerning this matter, please ca	all:	
LaNier			850 322-8538 at () Area Code Daytim	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclose	d is a check for th	ne following amount:		
<b>■</b> \$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

The Party Pedaler L.L.C.		
( <u>Name of the Limited Liabil</u> (A Floric	lity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability (Florida document number 1.18000010117	Company were filed on January 11, 2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lin</u>	nited liability company here:	
The new name must be distinguishable and contain the words "Lir	mited Liability Company," the designation "ELC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<del>5</del> 5 5 5 5 5 5
(Principal office address MUST BE A STREET ADD	RESS)	TIT 103
		N - FETA
Enter new mailing address, if applicable:		LEO CORPOR Y PH
(Mailing address MAY BE A POST OFFICE BOX)		# 10 K
B. If amending the registered agent and/or regi registered agent and/or the new registered office add		iter the name of the r
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 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 Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MRG	LaNier Echols	8849 Old Kings Rd. Unit 172	B Add
		Jacksonville, Fl 32257	□ Remove
			□ Change
AMRG	Brandon Bennett	6125 Clearsky Drive	
		Jacksonville, FI 32258	□ Remove
			☐ Change
AMRG	Johnique Bennett	6125 Clearsky Drive	<b>=</b> Add
		Jacksonville, Fl 32258	☐ Remove
			□ Change
			Remove
			☐ Change
			☐ Remove
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ffective date, if other the an effective date is listed, the lote: If the date inserted in	late must be specific a	nd cannot be prior to	date of filing or the statutory fili	more than 90 days a	fter filing.) Pursuant this date will not F	to 605,0200 he listed as
ocument's effective date of			ne saaaan y m	ng requirements.	ans gate and part	re nated ii.
e record specifies a d The 90th day after ti			an effective	time, at 12:0	1 a.m. on the	earlier of
·						
ated May 28	*.** \ *	2018	<u>.</u> ,			
			<i>f</i> .	1		
		a member or authori	ized representativ	re of a member		

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Typed or printed name of signee

Filing Fee: \$25.00