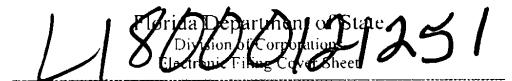
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Fax Number : (850) 617-6383

From:

Account Name : LEGAL200M.COM INC.

Account Number : 120010000062 : (323)962-8600 Phone Fax Number : (323)962-3889

**Enter the email address for this business entity to be used for further annual report mailings. Enter only one email address pleame

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGNED TO THE MOMS PARTY CREATIONS LLC

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COVER LETTER

	Division of Cor			•
SUBJEC		ARTY CREATIONS LLC		
NOBIEC				
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	tum all correspo	ondence concerning this matter	to the following:	
		Cheyenne Moscley		
			Name of Person	
		Legalzoom.com, Inc.		
			Firm: Company	
		101 N. Brand Blvd., 111	th Floor	
			Address	***
		Glendale, CA 91203		
			City/State and Zip Code	
		asvdpool@gmail.com	to be used for future annual report not	
For furth	er information o	F-mail makess: (concerning this matter, please c		incation)
	ne Moseley			ext. 9724
	Name of Person Area Code Daytine Telephone Number		ne Telephone Number	
Enclosed	l is a check for t	he following amount:		
525 .8	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is crackwood)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is euclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COUR Registration Secti	IER ADDRESS:	
		Division of Corpo Clitton Building		
		2661 Executive C Tallahassee, FL 3		

To: Page 5 of 7

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MOMS PARTY CREATIONS LLC	
(Name of the Limited Liability Company as it a (A Florida Limited Liability C	ow appears of our records.) Ompuny)
The Articles of Organization for this Limited Liability Company were fill Florida document number 1.18000121251	ed on 05/15/2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability con	npany here:
The new name must be distinguishable and end with the words "Limited Liability Com	pany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	o. 18
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. It amending the registered agent and/or registered office ad- registered agent and/or the new registered office address here:	dress on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
City	Zip Code
New Registered Accept's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree to ac provisions of all statutes relative to the proper and complete performaccept the obligations of my position as registered agent as provided being filed to merely reflect a change in the registered office address company has been notified in writing of this change.	nance of my duties, and I am familiar with and I for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
AMBR	DER POOL, ANITA SEMINO V	5048 SW 136TH AVE.	
		MIRAMAR, FL 33027	■ Remove
AMBR	Semino Van Der Pool,Anita	5048 SW 136TH AVE.	E Add
		MIRAMAR, FL 33027	Remove
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			Remove 5
Output the transmission of			D Add
	·		□ Remove
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			☐ Remove
•——			Add
			□ Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets,	y necessary.)
E. Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than	(optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than the date this document is filed by the Florida Department of State)	9) days after
Dated July 18 2018	
Signature of a member or authorized representative of a member	
Anita Semino Van Der Pool	
Typed or printed name of signee	18 W
	100 P
	# 8: 43 E-FLORID

Page 3 of 3

Filing Fee: \$25.00