LIBOO 114501

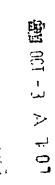
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PICK-UP	☐ WAIT	MAIL
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(D	ocument Number)	
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COVER LETTER

Registration Section
Division of Corporations

TO:

	PARTYCUS LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
			ं इस
		Name of Person	<u></u>
	PARTYCUS LLC		2 :
		Firm/Company	
	5213 SW 91ST AVE AP	Γ 4	بر بب
		Address	
	COOPER CITY / FL 33	328	
		City/State and Zip Code	
	WORK1982WORK@G	MAIL.COM to be used for future annual report not	fication)
For further information c	oncerning this matter, please co		,
HENADZI RODZIK		+1 786 294	5476
Name o	f Person	at () Area Code Daytin	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)
Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assec, FL 32314	STREET/COUR Registration Section Division of Corpo Clifton Building 2661 Executive Co Tallahassee, FL 3	on rations enter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PARTYCUS LLC

(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)				
The Articles of Organization for this Limited Liability Company v 1.18000124501 Florida document number	were filed on and assigned				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabil	ity company here:				
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the abbreviationL.C."				
Enter new principal offices address, if applicable:	ر بر 5213 SW 91ST AVE				
	APT 4				
(Principal office address MUST BE A STREET ADDRESS	COOPER CITY, FL 33328				
Enter new mailing address, if applicable:	5213 SW 91ST AVE				
(Mailing address MAY BE A POST OFFICE BOX)	APT 4				
	COOPER CITY, FL 33328				
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here: Name of New Registered Agent:					
New Registered Office Address:	Enter Florida street address				
	imer i writte street taatress				
	, Florida City Zip Code				
New Registered Agent's Signature, if changing Registered Agent:	City 24p Court				
I hereby accept the appointment as registered agent and agree					

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>	<u>Name</u>	Address	Type of Action
AMBR	ANDRIKOV, MAXIM	3030 N. ROCKY POINT DR.	
		STE 150A	Remove
		TAMPA, FL 33607	Change
			Remove
			Change D Add
			Change
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				<u></u>	-0,	
Tective date, if other than the an effective date is listed, the date must	date of filing:	or to date of filing or	more than 90 day	(option a	d) ng.) Pursua	int to 605.020
ote: If the date inserted in this blocument's effective date on the De	ock does not meet the appli	cable statutory fili				
e record specifies a delayed The 90th day after the reco	effective date, but nord is filed.	ot an effective	time, at 12	:01 a.m	n. on the	e earlier (
09/28/2018 ated	12:35 a.	m				
	D. 1	·				
	Signature of a member or aut					

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00