L18000 143905

		<u></u>
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #)	
(0)	y, clotorcipit fronto ii)	
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)	
(Do	cument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
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November 17, 2020

MORAIMA SNIDER 1301 MAJESTY TERRACE WESTON, FL 33327

SUBJECT: BUBBLES LIMO RENTALS LLC

Ref. Number: L18000143905

We have received your document for BUBBLES LIMO RENTALS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Voluntary Dissolution was filed on June 16/20. This entity is inactive.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 820A00023157

Yasemin Y Sulker Regulatory Specialist III

www.sunbiz.org

COVER LETTER

TO: Registration Se Division of Cor	porations ,	• -	
SUBJECT: <u>*Bod</u>	Shles Limo K Name of Lim	Pentals LLC 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:	
	Morgina	Snider Name of Person	
		Firm/Company	
	130/ Mayrs	Ty Terrace Address	
	Weston, A	City/State and Zip Code	
	Moraima lui E-mail address: (to be used for future annual report noting	fication)
For further information co	oncerning this matter, please ca	all:	
Moraima Name o	Snider	at (<u>754)</u> <u>245</u> - Area Code Daytim	2356 e Telephone Number
Enclosed 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)
		Sa A.d.1	

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bubbles	Limo Rei	ntals	LLC		_
(<u>Name of the Limite</u> (d Liability Compar A Florida Limited L	ny as it now ag liability Compa	pears on our records.) ny)		_
The Articles of Organization for this Limited Lia		were filed or	06/11/201	8 and a	assigned
•					
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liabi	lity compan	<u>y here</u> :		
Fairy tale limo I. The new name must be distinguishable and contain the wo	LLC				
The new name must be distinguishable and contain the we	ords "Limited Liabili	ty Company,"	the designation "LLC" o	or the abbreviation	"L.L.C."
Enter new principal offices address, if applica	ble:		N/A		
(Principal office address MUST BE A STREET	(ADDRESS)				
			/		
Enter new mailing address, if applicable:			N/A	77. 27	
(Mailing address MAY BE A POST OFFICE E	(OX)		 	000	par way
				<u> </u>	
				ω	i Filozofi
B. If amending the registered agent and/or re agent and/or the new registered office address					
		•	_ • •		:
Name of New Registered Agent:	Mor	raima	Snider	Em G	
New Registered Office Address:	1301 M	Majesty Exter	Snider Terrace Florida street address Flori		
	Westo	City	Flori	ida <u>333</u>	3 2 7
		1.11.		2342 6.00	••

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, 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
			□Add
			□Remove
			□Change
			□Remove
			□Change
	· · · · · · · · · · · · · · · · · · ·		□Add
			Remove
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			□Change

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<u>ite:</u> If	e date, if other than the date of filing: OCT 7, 2020 (optional) ive 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 605.020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at it's effective date on the Department of State's records.
ecord s is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	Oct 7 2020
ted	
ted	Moraina Ander
ted	Signature of a member or authorized representative of a member

Filing Fee: \$25.00