

L18 000165533

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

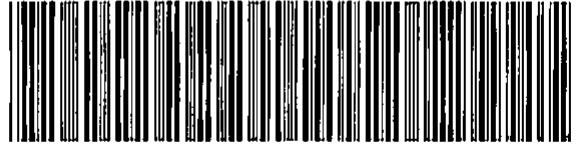
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

SEP 04 2019
C. Kins...

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Party Hoppers, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ashley Thompson

Name of Person

Party Hoppers, LLC

Firm/Company

2242 Wilimar Road

Address

Cottondale, FL 32431

City/State and Zip Code

abthompson0719@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ashley Thompson

850

209-0236

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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:

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**

Party Hoppers, 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 Company were filed on 01/07/2019 and assigned
Florida document number L18000165533.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Skotley Crew Enterprises, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2242 Wilimar Road

Cottdale, FL 32431

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2242 Wilimar Road

Cottdale, FL 32431

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Ashley Thompson

New Registered Office Address:

2242 Wilimar Road

Enter Florida street address

Cottdale

City

Florida 32431

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.



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>	<u>Address</u>	<u>Type of Action</u>
MGR	Bradley Clark	2987 HWY 69	<input type="checkbox"/> Add
		Grand Ridge, FL 32442	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Whitney Clark	2987 HWY 69	<input type="checkbox"/> Add
		Grand Ridge, FL 32442	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Ashley Thompson	2242 Wilimar Road	<input checked="" type="checkbox"/> Add
		Cottdondale, FL 32431	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Walter Thompson	2242 Wilimar Road	<input checked="" type="checkbox"/> Add
		Cottdondale, FL 32431	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated August 18, 2019

Ashley Thompson
Signature of a member or

Signature of a member or authorized representative of a member

Ashley Thompson

Typed or printed name of signee