1190000 43794

(R	equestor's Name)
(A	ddress)
(A	.ddress)
(C	Sity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(E	Business Entity Name)
(0	Occument Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:
Wrong form	\
J	Office Use Only



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A. BUTLER FEB 1 1 2022

COVER LETTER

RECEIVED

TO:

Registration Section
Division of Corporations

SUBJECT: BOLIDO	e House Br	os uc	2022 IAN CO. AM C. C.
	Name of Lim	ited Liability Company	2022 JAN 28 AM 9: 01
			SECRETARY OF STATE TALLAHASSEE, FL
The enclosed Articles of An	endment and fee(s) are sub-	mitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
	Silvio Gu	15 M ETOHT	
		Firm/Company	
	3783£ Car	melot Place	
	Hernando,	City/State and Zip Code US MC 10++10110C to be used for future annual report	
	silvioqu	us me rottialluc	amail.com
_	E-mail address: (t	o be used for future annual report	iolification)
For further information conc	erning this matter, please ca	ill:	
Silvio Gus Name of Pe	m:tn:Hi_		+ - 6845 time Telephone Number
Enclosed is a check for the fo	ollowing amount:		
S25.00 Filing Fee CHECK—SENT WIGH WONG Firm	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 Sec Division of Corp P.O. Box 6327 Tallahassee, FL	tion orations	Street Address: Registration! Division of C The Centre o 2415 N. Mon Tallahassee, l	Section Corporations f Tallahassee roe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ROTUCE H	Wit B	MS/10		.
		ny as it now appears o liability Company)	i i	Ε
The Articles of Organization for this Limited L		were filed on <u>2</u>	$\frac{10}{209}$ and ass	igned
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	of the limited liab	ility company here	:	
The new name must be distinguishable and contain the v	words "Limited Liabil	ity Company," the desig	gnation "LLC" or the abbreviation "L.	L.C."
Enter new principal offices address, if applic	able:			
(Principal office address MUST BE A STREE	ET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)			
	<u>_</u>			
B. If amending the registered agent and/or agent and/or the new registered office addre	_	address on our reco	ords, <u>enter the name of the ne</u>	v registered
Name of New Registered Agent:	Silvio	Gusme	rotti	
New Registered Office Address:	3783	Enter Florida	e16+ DIACC street address	
	Hernan	d0 City	Florida 34442 Zip Coxle	

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
MGR	Gregory Filias	3807 maigenæin stree	L □Add
	V 3	Clermont, FL 34714	(Thremove
			□Change
MGR SIVIO GI	Silvio Gusmerotti	3783 E Camelot Drive	ŒĀdd
		Hornando, Fr 34442	Remove
			□Change
MGR Danic	Datrick Nonord	2224 Owarso Court	\ Add
		Orlando, PC 32818	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			□ Change
			🗆 Add
			□Remove
			□Change

amenc	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	. ,
n effecti ote: If	e date, if other than the date of filing:
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 l.
ted	Sivid Gusmerotti Signature of a member or authorized representative of a member Typed or printed name of signee
	Signature of a member or authorized representative of a member
	Silvid Guimerotti
	Typed or printed name of signee



January 8, 2022

SILVIO GUSMEROTTI 3783 E CAMELOT PLACE HERNANDO, FL 34442

SUBJECT: BOUNCE HOUSE BROS LLC

Ref. Number: L19000043794

We have received your document for BOUNCE HOUSE BROS 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):

The form you submitted is for a FOREIGN LIMITED LIABILITY COMPANY, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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: 222A00000577

Anissa Butler Regulatory Specialist II

www.sunbiz.org