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COVER LETTER

то:	Registration Sec Division of Corp				
eub i	BAG HUNT	ERS LLC			
SUBJ	EC1:	Name of Limi	ted Liability Company		
The cr	nclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.		
Please	return all correspor	idence concerning this matter t	o the following:		
		JUAN MERCADAL			
			Name of Person		
		OBS			
			Firm/Company		
1444 BISCAYNE BLVD STE 212					
			Address		
		MIAMI, FL 33132			
			City/State and Zip Code	n <u></u>	
		contact@orange-miami.com			
		E-mail address: (t	o be used for future annual report notificat	ion)	
For fu	rther information co	ncerning this matter, please ca	11:		73
JUAN	MERCADAL		305 4179919		
	Name of	Person		lephone Number	٠
Englas	Name of Person OBS Firm/Company 1444 BISCAYNE BLVD STE 212 Address MIAMI, FL 33132 City/State and Zip Code contact@orange-miami.com E-mail address: (to be used for future annual report notification) ther information concerning this matter, please call: MERCADAL 305 4179919 at (
	5.00 Filing Fee	□ \$30.00 Filing Fee &	Certified Copy	Certificate of Statu	s& 7

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**



BAG HUNTERS 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 $\frac{04/03}{1}$ Florida document number $\frac{L19000092469}{1}$	2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
LITTLE DREAMERS PARTIES LLC	
The new name must be distinguishable and contain the words "Limited Liability Company." the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	•
B. If amending the registered agent and/or registered office address on our registered agent and/or the new registered office address here:	ir records, <u>enter the name of the nev</u>
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida s	street address
	, Florida
	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.

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>	<u>Address</u>	Type of Action
MGR	SIERRA DUCLAUD, TALINA	501 NE 31ST ST UNIT 4003	= Add
		MIAMI, FL 33137	☐ Remove
			Change
MGR	SERRANO, MIGUEL	501 NE 31ST ST UNIT 4003	□ Add
		MIAMI, FL 33137	■ Remove
			☐ Change
MGR	DUCLAUD, PATRICIA	501 NE 31ST ST UNIT 4003	
		MIAMI, FL 33137	■ Remove
			☐ Change
			Add
			☐ Remove
			Change
			☐ Remove
			Change
			Remove
			Change

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	not an effective	e time, at 12:01	a.m. on the earlier	of:
2019	·			
a de	_			
		ve of a member		
	e of filing: specific and cannot be predoes not meet the appearment of State's record fective date, but it is filed.	does not meet the applicable statutory file timent of State's records. Fective date, but not an effective is filed.	e of filing:	e of filing: