

L19000 113 655

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2019 JUN -7 P 2:39  
FALLENBACH & SONS

2019 JUN -7 P 2:39

FILED

JUN 13 2019

T. L. SEUX

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** PARTY WITH SKETCH 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:

SAHEED M PEREZ

\_\_\_\_\_  
Name of Person

PARTY WITH SKETCH LLC

\_\_\_\_\_  
Firm/Company

3230 NW 94TH TER

\_\_\_\_\_  
Address

SUNRISE FL 33351

\_\_\_\_\_  
City/State and Zip Code

PEREZSAHEED@GMAIL.COM

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

For further information concerning this matter, please call:

SAHEED M PEREZ

754 802 8466  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 20, 2019

SAHEED M PEREZ  
3230 NW 94 TERR  
SUNRISE, FL 33351

SUBJECT: PARTY WITH SKETCH LLC  
Ref. Number: L19000113655

We have received your document for PARTY WITH SKETCH LLC and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name you are wanting to change your corporate name to is the same name. The person you are wanting to change the registered agent to is the same person and address. The principal address is also the same.

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.

Tracy L Lemieux  
Regulatory Specialist II

Letter Number: 319A00010182

RECEIVED

2019 JUN -7 PM 12:36

SECRET  
TALL

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

FILED

PARTY WITH SKETCH LLC

(Name of the Limited Liability Company as it now appears on our records)  
(A Florida Limited Liability Company)

06/05/19 7 P 39

The Articles of Organization for this Limited Liability Company were filed on 06/05/19 and assigned Florida document number L19000113655

This amendment is submitted to amend the following:

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

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)**

**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 records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

*City*

*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>	<u>Type of Action</u>
AMBR	SAHEED M PEREZ	3230 NW 94TH TERR. SUNRISE, FL 33351	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

[illegible]

(b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

SAHEED M PEREZ

Typed or printed name of signee