## 119000 189743

(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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2019 SEP 1.9 KH 9: 54

C Kinsey



## FLORIDA DEPARTMENT OF STATE Division of Corporations

September 10, 2019

FRANCIS E LEON 2713 CARLISLE AVE ORLANDO, FL 32826

SUBJECT: OH ITS A PARTY LLC Ref. Number: L19000189743

We have received your document for OH ITS A PARTY 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 titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

Please add the type of action for Francis e Leon either check add, remove or change.

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.

Catherine M Wood Regulatory Specialist II

Letter Number: 719A00018615

## **COVER LETTER**

TO:	Registration Se Division of Co			
SUBJEC	Oh Its a Pa	•		
SOME			nited Liability Company	
The encl	osed Articles of	`Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Francia E. Leon		
		· · · · · · · · · · · · · · · · · · ·	Name of Person	<del></del>
		Oh Its a Party		
			Firm/Company	
		2713 Carlisle Ave		
			Address	
		Orlando, Florida 32826		
		ohitsaparty@gmail.com	City/State and Zip Code	
		E-mail address: (	to be used for future annual report notifi	ication)
For furth	er information o	concerning this matter, please c	all:	
Francia I	E. Leon		305 8155868 at ()	
	Name (	of Person		Telephone Number
Enclosed	is a check for t	he following amount:		
<b>=</b> \$25.0	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:

TO:

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

Oh Its a Party				<del></del>		
(Name of the Limi	ted Liability Com (A Florida Limite	<u>pany as it now ap</u> d Liability Compar	pears on our records. 1y)	)		
The Articles of Organization for this Limited L Florida document number L19000189743		ny were filed on	July 24, 2019	an	d assig	ned
This amendment is submitted to amend the following						
This amendment is submitted to amend the for	iowing.					
A. If amending name, enter the new name of	of the limited lia	ability company	<u>y here</u> :			
N/A				***		
The new name must be distinguishable and contain the	words "Limited Lia	bility Company," t	he designation "LLC"	or the abbreviation	on "L.L.(	C."
Enter new principal offices address, if applie	cable:		···			
(Principal office address MUST BE A STREI	ET ADDRESS)				2	
				TA TA	919	
				<u> </u>	SEP	2 3
Enter new mailing address, if applicable:				<u> </u>	19	CONTRACTOR CONTRACTOR CONTRACTOR
• • • • • • • • • • • • • • • • • • • •	L BAY		<del></del>	- S.S.	₽	.;
(Mailing address MAY BE A POST OFFICE	BOX)					
			_ <del></del>	<u> </u>	9,	·
				1	ţ	
B. If amending the registered agent and registered agent and/or the new registered o			on our records,	enter the na	ime of	the nev
registered agent and/or the new registered o	ince address in	<u></u>				
Name of New Registered Agent:	N/A					
New Registered Office Address:	N/A					
New Registered Office roducess.		Enter	Florida street address			
			, Flor	rida		
		City	,	Zip (	Code	
New Registered Agent's Signature, if changing	Registered Ager	ıt:				
I hereby accept the appointment as registere provisions of all statutes relative to the prop accept the obligations of my position as reg being filed to merely reflect a change in the company has been notified in writing of this	per and comple istered agent a registered offic	te performance s provided for t	e of my duties, and in Chapter 605, F	l I am familia '.S. Or, if this	r with docum	and ent is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Francia E. Leon	3570 Millenia Blvd #8112 Orlando FI 32839	Add
			☐ Remove
<del></del>			Add
			□ Remove
			Change
		<u> </u>	□ Remove
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(If an effective of Note: If the	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 605.0207 (3' date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the effective date on the Department of State's records.
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: a day after the record is filed.
Dated	August 26 2019
	$\omega_{F_1}$
-	Signature of a member or authorized representative of a member
-	Signature of a member or authorized representative of a member  Francia E. Leon

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Filing Fee: \$25.00