49000230663

(Requestor's Name)
(Address)
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10/12/21--01028--025 **60.00

21 0CT 12 AH II: 58

COVER LETTER

TO: Registration : Division of Co			
ATTEMPT OF THE POST OF THE POS	Home Goods LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
	pondence concerning this matter	-	
	Akeisha John		
		Name of Person	
	Party and Home Goods LL	.c	
		Firm/Company	
	3104 N ARMENIA AVE	SUITE 2	
		Address	
	Tampa, FL 33607		
		City/State and Zip Code	
	partyandhomegoods@gmai	Loom to be used for future annual report notif	Faution)
For further information	concerning this matter, please c	·	ireattiii)
	concerning this matter, prease e		
Akeisha John		347 248-1271 at ()	
Name	of Person	Area Code Daytim	e 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 Addr Registration		Street Address: Registration Sec	ction

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF 21 GCT 12 AMIL: 58

(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 9/12/2019 and assigned Florida document number 119000230663

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 "LLC."

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:

5902 N Cherokee Ave

Tampa , Florida 33604

Enter Florida street address

City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Party and Home Goods LLC

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.

Mulin Will flex
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

21 00T 12 AMIN: 58

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	TOMAS PEREZ II	3104 N ARMENIA AVE STE 2 TAMPA, FL 33607	= Add
			□Remove
		 	DChange
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te: If the date ins	ther than the date of filing:sted, the date must be specific and canno serted in this block does not meet the date on the Department of State's	he applicable statutory fi	(optional) r more than 90 days after filing. ling requirements, this date	Pursuant to 605.0207 will not be listed as
cord specifies a d	delayed effective date, but not an ef	fective time, at 12:01 a.t	n. on the earlier of: (b) The	e 90th day after the
october 3	20:	21		

Filing Fee: \$25.00

Typed or printed name of signee