M9 CCC 234 164

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

Div	vision of Cor	porations		
SUBJECT:	PartyPatrol	LLC		
JOBOLE I.	·	Name of Limit	ted Liability Company	<u> </u>
The enclosed	d Articles of	Amendment and fee(s) are subm	nitted for filing.	
Please return	n all correspo	ndence concerning this matter t	o the following:	
		Dean Birmingham		
			Name of Person	
		PartyPatrol LLC		
			Firm/Company	
		13162 SW 191 Terrace		
			Address	
		Miami/Florida 33177		
		PartyPatrolUSA@gmail.com	City/State and Zip Code	
		E-mail address: (to	be used for future annual report notific	cation)
For further i	nformation c	oncerning this matter, please ca	II:	
Dean Birmii	ngham		305 331 6072	
	Name o	f Person		Telephone Number
Enclosed is	a check for th	ne following amount:		
■ \$25.00 H	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

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

PartyPatrol LLC		··
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Comp	any were filed on September 17, 2019	and assigned
Florida document number L19000234164		
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 I	iability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:		2016
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>	28 3 五
		<u> </u>
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	d office address on our records, <u>e</u> <u>here</u> :	the name of the new
Name of New Registered Agent:		<i>7</i> -
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
	City	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

Title	<u>Name</u>	Address	Type of Action
MGR	Dean Birmingham		
			□ Remove
		13162 SW 191 Terrace, Miami FL 33177	
			■ Change
			Change
			Remove
			□ Change
		·	
			Remove
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Note: 1	re date, if other than the date of filing:
f the reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _	Signature of a member of adthorized representative of a member
	Dean Birmingham

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00