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COVER LETTER

SUBJECT:	azzle Your	Party LLC ited Liability Company	
		oo pa	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Rachelle	Perdomo Name of Person	
	Dazzle	Your Party L	LC
	7069 sw	226t Address	
	Miami, F	1.33155 City/State and Zip Code	Com
For further information co	t: mail address: (i oncerning this matter, please ca	io be uted for future ensual report noti	neation)
Rachelle F	Person	at <u>206</u> <u>338</u> Area Code Daytim	-4075 e Telephone Number
Enclosed is a check for th	e 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)

TO:

Registration Section Division of Corporations

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

Street Address:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability C	Company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Com Florida document number <u>L2000038736</u>	npany were filed on 01-31-2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	d liability company here:
Enter new principal offices address, if applicable:	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
(Principal office address MUST BE A STREET ADDRES	so miam, F1, 33155 7 7
Catana and marking address of another base	7069 Sw 225+ = = = = = = = = = = = = = = = = = = =
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Miami, Fl. 33156 2
	0)
agent and/or the new registered office address here:	ffice address on our records, enter the name of the new registered
Name of New Registered Agent: Kac	helle terdomo
New Registered Office Address:	69 SW 2264 Enter Florida street address
Wia	City . Florida 33\55

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, <u>enter the title, name, and address of each person_being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Rachelle Perdomo	7069 SW 225t	X Add
		miami, Fl. 23165	□Remove
			Change
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	î: (b) The 90th d	lay after the
red 2/21/20 RMD		
Signature of a member or authorized representative of a member		