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COVER LETTER

Division of Corpo	orations		
SUBJECT: <u>A-SN</u>		PRODUCTION: Lited Liability Company	-LC
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
		A. MARRYSHO Name of Person	
	A-SHM	PARTY PRODUCTI	ON LLC
	4751 NW	1774 CT. Address	
	LAUDERM	City/State and Zip Code	33313
	E-mail address: (t	o be used for future annual report notifi	cation)
	cerning this matter, please ca		
CLAUDE TTE Name of P	A. MARRYS	Area Code Daytime	371 U 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:		Street Address:	

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

TO:

Registration Section

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

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

Name of New Registered Agent:

New Registered Office Address:

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

Enter Florida street address

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being at or removed from our records:

	Manager		_
AMBR =	Authorized	Member	/

<u>Title</u>	<u>Name</u>	Address 2020, Sa. 20 PH 12: 27	Type of Action
TR.	BEVERLY (. LANGLEY	Address 2020 St. 27 FILLS: 27 LAUDERHILL FLORIDA 33	□ Add
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ctive date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be	e prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 applicable statutory filing requirements, this date will not be listed
ord specifies a delayed effective date, but not an effect filed.	tive time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
d 9.25.2020	·
of 9.25.2020 Claudette A. May Typed or	1/4
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