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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration S Division of Co			
CUDINOR	KAZEN LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Andrew Kazen		
		Name of Person	
	BLAZEN KAZEN LLC		
		Firm/Company	· · · · · · ·
	11416 63rd Lane N		
		Address	
	West Palm Beach, FL 334	12	
		City/State and Zip Code	······
	ak.dj.100@gmail.com		
		to be used for future annual report no	otification)
For further information	concerning this matter, please c	all:	
Andrew Kazen		561 3583151 at ()	
Name	of Person		ime 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:	Section
_	Section Corporations	Registration S Division of Co	
P.O. Box 63	-	The Centre of	•

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

-	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 06/11/2020	were filed on 06/11/2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
High Rise Party Rentals 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)	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

Florida

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

<u>Title</u>	Name	Address	Type of Action
·		 	🗆 Add
			□ Remove
			□ Change
			□Add
			□Remove
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			□Add
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			□Remove
			□ Change

Page 2 of 3

Effective date, if other than the date of filing:		_
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The 90th day after the record is filed.	lote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list	
Andrew Kaszen Signature of a member or authorized representative of a member		ier of:
Andrew Kaszen Signature of a member or authorized representative of a member	vated	
Signature of a member or authorized representative of a member	Andrew Kaszen	
	Signature of a member or authorized representative of a member	
Andrew Kazen		