## L20000211812

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## **COVER LETTER**

TO:

FO:	Registration Se Division of Cor			•
erro te		BALLONS BOUTIQUE LLC		•
SUBJE	C1:	Name of Lim	ited Liability Company	-
The ene	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	indence concerning this matter	to the following:	
		Johanna Marcano		
			Name of Person	
				TALL HASSEE FLORIE
			Firm/Company	16 3
		1023 Valencia Town Terra	ice Apt. 305	SEE
			Address	م الم
		Orlando, FL 32825		32 ORIUM
			City/State and Zip Code	/
		joamarcano75@gmail.com		
		E-mail address: (	to be used for future annual report not	ification)
For furt	her information e	oncerning this matter, please c	att:	
Johann	a Marcano		939 208-9114	
	Name o	f Person	<del></del>	ne Telephone Number
Enclose	ed is a check for th	ne following amount:		
<b>■</b> \$25	5.00 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 Addres		Street Address:	ation.
	Registration S Division of C		Registration Se Division of Co	
	P.O. Box 632		The Centre of	•
	Tallahassee. I			oe Street. Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

( <u>Name of the Limited Liability Con</u> (A Florida Limite	ipany as it now appe ed Liability Company	ars on our record	<u>s.</u> )		_
The Articles of Organization for this Limited Liability Compa Florida document number L20000211812	ny were filed on <u>(</u>	07/20/2020		and	assigned
his amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited li	ability company	<u>here</u> :			
VACHELL BALLOONS BOUTIQUE LLC					
he new name must be distinguishable and contain the words "Limited Lie	ability Company," the	designation "LLC	or the ab	breviation 20	ı "L.L.C."
Enter new principal offices address, if applicable:				72.	-may = 1
Principal office address MUST BE A STREET ADDRESS)		-	(A)	30	
			100 m		*****
			1717 		
inter new mailing address, if applicable:			.02		
Mailing address MAY BE A POST OFFICE BOX)			ייז ט צ	2	
s. If amending the registered agent and/or registered office gent and/or the new registered office address here:	ce address on our	records, <u>enter</u>	the nam	e of the	new regis
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·			
New Registered Office Address:	Futor E	lorida street addres			
	Liner 1				
	City	, F)	orida	Zip C	ade

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

VACHEL BALLONS BOUTIQUE 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.

City

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

<u>Title</u>	Name	Address	Type of Action
			□Add
			Remove
			2010 AUG
			2010 AUG 31 PH 3: 32
			RDC
			Change
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change

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n effective date is listed, the date n <b>ite:</b> If the date inserted in this		(optional) gor more than 90 days after filing.) Pursuant to 605.020' filing requirements, this date will not be listed as
record specifies a delay The 90th day after the re		ve time, at 12:01 a.m. on the earlier o
July, 30th	2020	
1	Signature of a member or authorized represent	ni V
	Signatura of a member or authorized copro- aut	tative of a member