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## **COVER LETTER**

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

	nell Balloons Boutique LLC		
SUBJECT:	Name of Limit	ed Liability Company	
	cles of Amendment and fee(s) are subnorrespondence concerning this matter to		
Ticase retuin an ex	ortespondence concerning this matter of	o the tonowing.	
	Johanna Marcano		
		Name of Person	
		Firm/Company	
	2309 Windmark Dr.		
Address			
	Kissimmee, FL 34758		
		City/State and Zip Code	23
	joamarcano75@gmail.com		322
	E-mail address; (to	he used for future annual report notification)	2022 APR
For further inform	ation concerning this matter, please ca	H:	22
Johanna Marcano		813 614-5249 at ()	
	Name of Person	Area Code Daytime Telephone Number	ည့ -
Enclosed is a chec	k for the following amount:		
<b>■</b> \$25.00 Filing	Fee ☐ \$30 00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	e of Status &
<del>-</del>	ation Section n of Corporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee	

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

## ARTICLES, OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Vachell Balloons Boutique LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

		the contract of the contract o
The Articles of Organization for this Limited Liability Con-	mpany were filed on 7/20/2020	and assigned
Florida document number L20000211812		8
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
Vacheil Balloons Boutique by Events Marcanos LLC		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:  Name of New Registered Agent:	office address on our records, <u>enter th</u>	ne name of the new registere
New Registered Office Address:		
New Registered Office , radiess.	Enter Florida street address	
	, Flor	ida
	Ciç	ida
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	nplete performance of my duties, and ent as provided for in Chapter 605, F.	Ham familiar with and S. Or, if this document is

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>	<u>Name</u>	Address	Type of Action
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Effective date, if other than the fan effective date is listed, the date mus Note: If the date inserted in this blocument's effective date on the Defective date on the Defective date.	be specific and cannot be prior to sek does not meet the applicab	date of filing or more than		
record specifies a delayed effective d is filed.	date, but not an effective tim	e, at 12:01 a.m. on the c	arlier of: (b) The 90th day	after the
Pated August 17th	2021			
· Johan	Signature of a member or authori	vert representative of a me	mber	_
Jolianna Marcano	Typed or printed		<u>-</u>	_

Filing Fee: \$25.00