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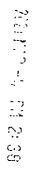
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Office Use Only



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## **COVER LETTER**

SUBJECT:	BALLOONS PARTY Name of Limited Liabi	LLC lity Company	
The enclosed Articles of	Amendment and fee(s) are submitted for	or filing.	
Please return all correspo	ondence concerning this matter to the fo	llowing:	
	GABRIEL	- ASULI,	N
	Na	ime of Person	
	Fi	гт/Сотралу	<del>.</del>
	5714 LOS	PALMA	VISTA
	ORLANDO City/St	ate and Zip Code	(285+
	E-mail address: (to be used	for future annual repo	ort notification)
For further information c	oncerning this matter, please call:		
GABRIE Name o	L ASULIN a f Person	1 ( <u>407</u> ) <u>3</u> Area Code <u>I</u>	53 - 3018 Daytime Telephone Number
Enclosed is a check for th	ne following amount:	/	
□ \$25.00 Filing Fee	Certificate of Status C	5.00 Filing Fee & ertified Copy dditional copy is enclosed	S60.00 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

ITIY LLC	
ted Liability Company)	<u>-</u> J
any were filed on <u>02-04-20</u>	and assigned
liability company here:	
LLC	
iability Company," the designation "LLC"	or the abbreviation "L.L.C."
N/A	
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ice address on our records, <u>enter</u>	the name of the new registered
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Enter Florida street address	<del></del>
Fla	rida
City	Zip Code
	mpany as it now appears on our records ted Liability Company)  any were filed onO2 - O4 - 20  liability company here:

## 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 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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