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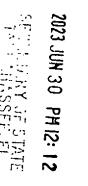
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COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|---|
| SUBJECT: Name of Limited Liability Company | •• |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. | |
| Please return all correspondence concerning this matter to the following: | |
| Danielle M (Neen | |
| Marie's Hiuse Firm/Company | |
| 8606 Hunters Village | Rd Suite 270 |
| Tampa Florida City/State and Zip Code | 33647 |
| E-mail address: (to be used for future armual rep | ort notification) |
| For further information concerning this matter, please call: | |
| Name of Person at (813) S Area Code | 76 9893 Daytime Telephone Number |
| Enclosed is a check for the following amount: | |
| S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclose | S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
| | |

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

| (Name of the Limited Liability Company (A Florida Limited Liab | as it now appears on our records.) |
|---|--|
| The Articles of Organization for this Limited Liability Company we Florida document number <u>L2 1 000 115 508</u> | ere filed on March 10, 7021 and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liability Day Area Party Rentals and The new name must be distinguishable and contain the words "Limited Liability | Equipment, LLC |
| Enter new principal offices address, if applicable: | · · · · · · · · · · · · · · · · · · · |
| (Principal office address MUST BE A STREET ADDRESS) | 2023 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | FILED JUN 30 PM 12: 12 FELLAPIAS SEE, FL |
| B. If amending the registered agent and/or registered office addagent and/or the new registered office address here: | lress on our records, <u>enter the name of the new registers</u> |
| Name of New Registered Agent: | |
| New Registered Office Address: | Enter Florida street address |
| | , Florida |
| | City Zip Code |

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 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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

| Title | Name | Address | Type of Action |
|--|--------------|---|---------------------------|
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| Effective date, if other than the date of filing: | | |
| Dated June 20 . 2023. | (If an eff <u>Note:</u> | ve date, if other than the date of filing: Ula 2023 (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the |
| | | |
| | Dated | June 26, 2023. |
| 1) anielle | | 1) anielle |
| Signature of a member of authorized representative of a member | | Signature of a member of authorized representative of a member |
| Danielle Green | | Socially Gran |