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PICK-UP	☐ WAIT	MAIL
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ecial Instructions to I	Filing Officer:	

Office Use Only



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Registration Section Division of Corporations

ECT: Inc Kids Pa		nited Liability Company	
nclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
e return all correspor	dence concerning this matter	to the following:	
	Sarah K. Evens		
		Name of Person	
	The Kids Party Company		
		Firm/Company	
	15 Paradise Plaza, #341		
		Address	· · · · · · · · · · · · · · · · · · ·
	Samuelta El 24220		
	Sarasota, FL 34239	City/State and Zip Code	
	katic@thekidspartyco.com E-mail address: (i	to be used for future annual report notif	ication)
urther information co	ncerning this matter, please ca	atl:	
ıh K. Evans		at (941) 876-8477	
Name of	rerson	Area Code Daytime	Telephone Number
osed is a check for the	e following amount:		
\$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	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

TO ARTICLES OF ORGANIZATION OF

The Kids Party Company, LLC

(Name of the Limit	ed Liability Compa (A Florida Limited)	nny as it now appears ou Liability Company)		
Articles of Organization for this Limited Li	ability Company	were filed on March	16, 2021	and assigned
da document number L21000124872				
amendment is submitted to amend the following	owing:			
f amending name, enter the new name of	the limited liab	ility company here:		
ew name must be distinguishable and contain the w	ords "Limited Liabil	lity Company," the design	nation "LLC" or th	e abbreviation "L.L.C."
r new principal offices address, if applications	able:	15 Paradise Plaza, #	1341	
ncipal office address MUST BE A STREE	T ADDRESS)	Sarasota, FL 34239		
er new mailing address, if applicable:		15 Paradise Plaza, #	341	
iling address MAY BE A POST OFFICE I	<u>BOX)</u>	Sarasota, FL 34239		
f amending the registered agent and/or r at and/or the new registered office addres	••	address on our reco	rds, <u>enter the r</u>	name of the new registered
Name of New Registered Agent:	Sarah K. Evans	3		
New Registered Office Address:	15 Paradise Pla	za, #341 Enter Florida :	street address	
	Sarasota		, Florida	34239
		City		Zip Code

Registered Agent's Signature, if changing Registered Agent:

reby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ng filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability upany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

(= M (R = A	anager uthorized Member	es21857 13 AM 7:47	
	Name	Address	Type of Action
<u>i</u>	Casey L. Smith	21501 Keene Rd, Wimauma FL 33598	□Add
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			□Add
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date, if other than the date of filing: _ve date is listed, the date must be specific and car	0/01/2021	a or more than 0	(options	el)
he date inserted in this block does not mee 's effective date on the Department of State	the applicable statutor	y filing require	ements, this da	ite will not be listed
s effective date on the Department of State	s records.			
pecifies a delayed effective date, but not an	effective time, at 12:01	a.m. on the ea	urlier of: (b)	The 90th day after t
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	ber or authorized represe		<u> </u>	