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#### **COVER LETTER**

Division of Corp	oorations				
SUBJECT: Majo		5 4 EVENT- Desi	gn LC.		
	Amendment and fee(s) are sub				
Please return all correspor	idence concerning this matter	to the following:			
	Juli	e Morales Name of Person			
Majestic Balloons a Event Design LCC					
9968 SW 2245HREL APT 211					
Cutter Bay, FL 33190 City/State and Zip Code					
Majestic Baltoons 200 mmail. com E-mail address: (to be used for future almual report notification)					
For further information co	ncerning this matter, please ca	all:			
Julie Name of	Morales	at ( <u>786</u> ) 325-	7783		
		Aica Code Daytine	etepitale Number		
Enclosed is a check for the	following amount:				
√ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		

Mailing Address:

TO:

Registration Section?

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

The Articles of Organization for this Limited Liability Company were filed on Florida document number L 2 1000 1 29062 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: JESTIC DESIGNS by JEM LLC

must be distinguishable and contain the words "Limited 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

#### 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

## Page 2 of 3

(If an e <u>Note:</u>	tive date, if other than the date of filing:
the re	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dateo	<u>M-8-2023</u>
	Signature of a member or authorized representative of a member
	Tylic Morales  Typed or printed name of signee

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>	<u>Address</u>	Type of Action
			□Add
	`\		□Remove
			Change
		·	□Add
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