

To: 18506176383
6/2/2021

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2021-06-04 13:53:43 UTC
Division of Corporations

13056752702

From: GUSTAVO MORA

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : GM TAX GROUP, INC / GUSTAVO J MORA, MBA
Account Number : 1202100000058
Phone : (305)914-2240
Fax Number : (305)675-2702

Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
RUSTIC BAR PARTY RENTAL LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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TALLAHASSEE, FLORIDA

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VH

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RUSTIC BAR PARTY RENTAL LLC

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

The Articles of Organization for this Limited Liability Company were filed on 03/31/2021 and assigned
Florida document number 1,21000150395.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

RUSTIC STYLE PARTY LLC

The new name 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

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 added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	☐ Change
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	☐ Change
_____	_____	_____	☐ Add
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_____	_____	_____	☐ Change
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	☐ Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

F. Effective date, if other than the date of filing: 03/31/2021 (optional)
(If an effective 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)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) the 30th day for the record is filed.

Dated JUNE 1 2021

Yanny A Lopez Garzon
Signature of a member or authorized

Signature of a member or authorized representative of a member

YONNY A LOPEZ GARZON

Typed or printed name of signee

FILED
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CLERK OF DISTRICT COURT
TALLAHASSEE FLORIDA

Filing Fee: \$25.00