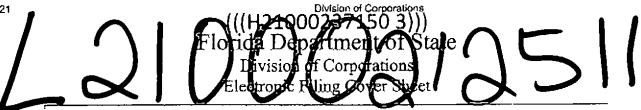
6/16/2021



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000237150 3)))



H210002371503ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: SELLAR, SEWELL, RUSS, SAYLOR & JOHNSON, P

Account Number : I20010000127

Phone

: (352)787-2308

Fax Number

: (352)787-4341

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

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN INFLATABROS, LLC

and the second s	
Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

(((H21000237150 3)))

## ARTICLES OF ORGANIZATION OF

INFLATABROS, LLC		
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company were filed on 5/6/21 and assigned		
Florida document number 121000212511		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" of	r 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:		2021 SEC
(Mailing address MAY BE A POST OFFICE BOX)		ARR C
Intuining address (AM) DEATH OUR VALUED DOIS		SS N
B. If amending the registered agent and/or registered office a	ddress on our records, enter th	e name of the new registered
agent and/or the new registered office address here:		0: 18 DRIDA
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	daZip Code
New Registered Agent's Signature, if changing Registered Agent:	Cay	<b>5</b> 4 50-1
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as pacing filed to merely reflect a change in the registered office company has been notified in writing of this change.	oerformance of my duties, and rovided for in Chapter 605, F.,	I am familiar with and S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

## If amending Authorized Person(s) authorized to 22100, 022 7150 3211, 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
AMBR ZACHARY G. FOSTER	ZACHARY G. FOSTER	922 Yearling Tr.	
	Sebastian, FL 32958	□R <del>č</del> move	
			≡Change
		□Add	
	<del></del>	□Rêmove	
		Change	
		□Add	
	<del></del>	Remove	
		Change	
		□ Ксточе	
		Change	
		□Remove	
		☐ Change	
		DAdd	
			□Remove
			☐ Change

(((H21000237150 3)))

## (((H21000237150 3)))

D. If amending any other information, enter change	(2) 40.01 (1.2.1.01.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1
· · · · · · · · · · · · · · · · · · ·	
	2021 SEC ALL
	ARR H
	ASS .
	ORIGINA C
	> 00
	(ontional)
(If an effective date is listed, the date must be specific and cannot be Note: If the date inserted in this block does not meet the a document's effective date on the Department of State's recommend.	prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(topplicable statistory filing requirements, this date will not be listed as the
If the record specifies a delayed effective date, but not an effect record is filed.	ive time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated 4/16/21	
3	
Signature of a member or	authorized representative of a member
Zachary G. Foster	

Typed or printed name of signee