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R. HUNT 02/28/20

## **COVER LETTER**

Registration Section
Division of Corporations

TO:

SUBJECT: May	ie's Miracle	Party Rentals	LLC
	Name of Lim	nited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Li	nda Luma	
		Name of Person	
		Firm/Company	
	128 Trinity	y Ridge Cir	TOTAL ED  TOTAL EN OF STATE  THE LANA SSEE, FL
	Davenpor	t, FL, 33897. City/State and Zip Code ervices by luma to be used for future annual report notifi	7
	linda @ S. E-mail address: (	ervices by luma to be used for future annual report notifi	cation)
For further information co	oncerning this matter, please c	all:	
Linda L Name of	<u> </u>	at (239) 240 - OATE Area Code Daytime	O 8 9 5 Telephone Number
Enclosed is a check for th	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 S Division of C P.O. Box 632 Tallahassee, F	ection orporations 7	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	oorations allahassee Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Marie's Miracle Party Rentals LLC

(Name of the Limited Liability Company as & now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number L 21000346717		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi		
Services By Luma L The new name must be distinguishable and contain the words "Limited Liabili	LC	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the ab	obreviation "L.L.C."
		9
Enter new principal offices address, if applicable:	· · · · · · · · · · · · · · · · · · ·	<u>دن</u>
(Principal office address MUST BE A STREET ADDRESS)		
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Enter new mailing address, if applicable:		· ···
(Mailing address MAY BE A POST OFFICE BOX)	L	00
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		1117-11-
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:		
New Registered Office Address: 128 Tri	nity Ridge Cir wher Florida street address  OCT Florida	
Davieno	OC+ Florida	33 89 <del>4</del>
<u> </u>	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>	Type of Action
MGR	Nathaniel Luma	128 Trinity Ridge Cir. D	aveport DAdd
		Florida 33897	□Remove
			☐ Change
		-	□Add
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ective date, if other the effective date is listed, the c	an the date of filin date must be specific an	g:d cannot be prior to	o date of filing or m	ore than 90 days	optional) after filing	) g.) Pursu	ant to 605.02
te: If the date inserted in cument's effective date or	this block does not	meet the applicat	ble statutory filin	g requirements	, this date	e will no	ot be listed
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	effective date, but no	t an effective tin	ne, at 12:01 a.m.	on the earlier o	f: (b) Ti	he 90th	day after th
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