

121 000254377

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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FILED
2021 SEP - 7 PM 7:49
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

Registration Section
Division of Corporations

SUBJECT: Three Little Monkeys Party Rental, LLC
Name of Limited Liability Company

enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Olayon
Name of Person

Firm/Company

2940 NW 207th Street
Address

Miami Gardens, FL 33056
City/State and Zip Code

Michael.Olayon@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Olayon at (786) 317 6957
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$25.00 Filing Fee
☐ \$30.00 Filing Fee & Certificate of Status
☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
☐ \$60.00 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

FILED

2021 SEP -7 PM 7:49
Mental, LLC
SECRETARY OF STATE
TALLAHASSEE, FL 32301

If Changing Registered Agent, Signature of New Registered Agent

Recommending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added
removed from our records:

GR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|----------------|----------------------------------|--|
| AMBR | Beatriz Senra | 2940 nw 207 th Street | <input type="checkbox"/> Add |
| | | Miami Gardens, FL 33056 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | Michael Olayon | 2940 nw 207 th Street | <input checked="" type="checkbox"/> Add |
| | | Miami Gardens, FL 33056 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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[illegible]

the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Michael A. Olayon
Typed or printed name of signee

Filing Fee: \$25.00