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COVER LETTER

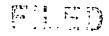
TO: Registration Se Division of Cor					
	nique Event And Balloon Desig	gner LLC			
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Darrick Ross				
		Name of Person			
	Ezzance Unique Event An	d Balloon Designer LLC			
		Firm/Company		2022. Sign	
	1657 Teaberry Drive			JAN -4	
		Address		-	1 mg 1 mg 1
	Middleburg, FL 32068				ا ا سر
		City/State and Zip Code		့ ယ့	έ.
	ezzenceunique@gmail.com			- 1	
	E-mail address: (to be used for future annual report notific	ation)		
For further information c	oncerning this matter, please ca	ali:			
Darrick Ross		404 423-5401 at (
Name o	f Person	Area Code Daytime	Telephone Number		
Enclosed is a check for the	he following amount:				
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &	
Mailing Address Registration S		Street Address: Registration Sect	ion		
Division of C		Division of Corp			
P.O. Box 632		The Centre of Ta			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2022 JAN -4 PM 3: 12

Ezzance Unique Event And Balloon Designer LLC

SEORETARY OF SE

(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 June 28, 2021	and assigned
Florida document number L21000296415		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Ezzence Unique		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7.2.2.3	
(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 agent and/or the new registered office address here:	address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete		

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 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>	Address	Type of Action
			□Add
			Remove
			□Change
			□Add
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Effective date, if other than the date of filing: 12/30/2021 (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. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records. 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 ord is filed. Dated December 30 2021 Signature of a member or authorized representative of a member		
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Dated December 30 Signature of a member or authorized representative of a member		
Signature of a member or authorized representative of a member		
Signature of a member or authorized representative of a member		4 4 200
	Dated	December 30 2021
		- That
Angela Gardner		/ Signature of a member of authorized representative of a member

Filing Fee: \$25.00