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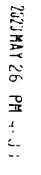
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	Registration Se Division of Cor							
SUBJEC		PATY RENTALS FOR WEDDING, RECEPTIONS.TABLE CLOTHS, NAPKINS AND AC						
SUBJEC	-1; <u>_</u>	Name of Lim	ited Liability Company					
The encle	osed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please re	eturn all correspo	ondence concerning this matter	to the following:					
		MARIA PATRICIA ROB	LEDO					
			Name of Person					
		PATY RENTALS FOR W	EDDING, RECEPTIONS, TABLE C	LOTHS, NAPKI				
			Firm/Company					
	765 NE EASTLAKE ST							
			Address					
		PORT ST LUCIE, FL 349	83					
			City/State and Zip Code					
		paty32.ml@gmail.com						
		E-mail address: (to be used for future annual report notific	eation)				
For furth	er information c	oncerning this matter, please o	all:					
MARIA	PATRICIA RO	BLEDO	772 3614197 at ()					
Name of Person			Area Code Daytime	l'elephone Number				
Enclosed	l is a check for th	ne 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 Section			Street Address: Registration Section					
	Division of C	•	Division of Corporations					
	P.O. Box 632 Tallahassee.		The Centre of Tail 2415 N. Monroe					

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PATY RENTALS FOR WEDDING, RECEPTIONS. TABLE CLOTHS, NAPKINS AND ACCESORIES, 1

(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 Compar	ny were filed on $\frac{09/14/2021}{1}$	and assigned
Florida document number L21000407109		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	r-i
MPR RENTALS FOR WEDDING, RECEPTIONS, TABLE CLOT	TIS, NAPKINS AND ACCES	SORIES, LLC
The new name must be distinguishable and contain the words "Limited Lia	bility 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:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records,	enter the name of the new registered
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 = Man AMBR = Auth	ager oorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	······		□Add
			□Remove
			□Change
			□Remove
			□Change
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Note: If	e date, if other the tive date is listed, the f the date inserted int's effective date of	in this block doe	s not meet th	e applicable	e of filing or more statutory filing r	(option than 90 days after equirements, this	onal) filing.) Pursuant to 60 date will not be lis)5.0207 (; sted as th
e record : rd is filed		effective date, l	out not an ef	fective time, a	u 12:01 a.m. on	the earlier of: (b) The 90th day aft	er the
Nated	4AY 22		202					
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	10-10-0]/	_					
	<u>Н</u> она	Signatu	re of a membe	r or authorized	representative of	a member		

Filing Fee: \$25.00