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(Document Number)					
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Walls family Party rentals Liconpuny	
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:	
Jane of Person	
Walls family Party Ventals LL	C
Le18 E South St BMb #5025 Sut	e 500
Orlando FT 32801 City/State and Zip Code	
E-mail address: (to be used for future annual report nytification)	con
For further information concerning this matter, please call:	
James of Person at Less Less Daytime Telephone Number	
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified (e of Status &
Mailing Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on ______ and assigned Florida document number L21000S3H386 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

MGR = Mar $AMBR = Aut$	nager thorized Member	Ci ok -	ca.u.t. S.	
<u>Title</u>	<u>Name</u>	Address Pmb #5	South St 5025 Suite 500 FE 32801	Type of Action
MGR	Jazmin T Wall	S 1018 E	SOUTH STYPE	etrado
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
If you cannot read the address I war	[+
to add for the manager I wrote it	_
Smaller. 618 E south street	_
Pmb #5025 Suite 500	
Orlando FL 32801	
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E. Effective date, if other than the date of filing: (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 60 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list document's effective date on the Department of State's records.	5,0207 (3)(b) (ed as the
If 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 record is filed.	ir the
Dated December 31 2021.	
Signature of a member or authorized representative of a member	
Damin T Walls	
Typed or printed name of signee	