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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Co	rporations		•
	and Rose, LLC		.•
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
	ondence concerning this matter		
r read result sin Estresia			
	Sabrina Fisher		
		Name of Person	
	The Whisk and Rose, LLC	:	
		Firm/Company	
9838 Lake Seminole Drive West			2023
		Address	SEP
	Largo, FL 33773		Ξ
	-	City/State and Zip Code	<u></u> Ри
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For further information of			0
	concerning this minter, preuse e		
	of Person		Telephone Number
		·	•
Enclosed is a check for t	he 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 tadditional copy is enclosed)
		Street Address: Registration Sect	iion
Division of C	Corporations	Division of Corp	orations
Sabrina Fisher Name of Person			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Whisk and Rose, LLC		
(Name of the Limited Liability C (A Florida Li	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Con	npany were filed on 01/18/2022	and assigned
Florida document number 1.22000031926		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here;	
Little Fishes Parties and Rentals, LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u> </u>	<u> </u>
		Wisjon of SEP
		SEI SEI
Enter new mailing address, if applicable:		DIVISION OF CURI
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
		0.4
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	ffice address on our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:		
Name of New Registered Agent.		<u> </u>
New Registered Office Address:		
	Enter Florida street address	
	Flori	da
	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 aniending 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
			□Remove
			Change
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he re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the 90th day after the record is filed.	earlie	er of:
Dated	August 23 September 5 2023		
	Signature of a member or authorized representative of a member		
	Signature of a member of authorized representative of a member		
	\smile		

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Filing Fee: \$25.00