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S. PRATHER

COVER LETTER

Tallahassee, FL 32314

TO: Registration So Division of Co			
SUBJECT: M- T	ents Luxury Pic	nics and more ed Liability Company	<u>. </u>
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.	
Please (eturn all correspo	ondence concerning this matter to	o the following:	
	Jennifer	Name of Person	
		Firm/Company	
	1241 SW	Porter Rd Address	
	PSL, FL	. 34953 City/State and Zip Code	
	UNaldes 13 E-mail address: (to	329 @ gmail. Co be used for future Innual report notif	ication)
For further information of	concerning this matter, please cal	II:	
Jennifer Name o	reson	at (863) 233 Area Code Daytime	-6857 Telephone Number
Enclosed is a check for t	he following amount:		
№ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of C P.O. Box 632	Section Corporations	Street Address: Registration Sec Division of Corp The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATION OF	T>
(Name of the Limited Liability Company as it now appears on our (A Florida Limited Liability Company)	DDZZ MAY 27 PH
The Articles of Organization for this Limited Liability Company were filed on $2 - 2$ Florida document number $88 - 0907852$.	S - 9099 and assigned 5.
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here: 360 Luxe Party Experience LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation Enter new principal offices address, if applicable:	on "LLC" or the abbreviation "L.L.C."
(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, agent and/or the new registered office address here:	enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address: Enter Florida stree	et address
	Florida
Cur	Zin 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 =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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		., 	
			□Add
			Remove
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f an effective date i <u>Note:</u> If the date	f other than the s listed, the date mus- inserted in this blo tive date on the Do	the specific and ock does not n	I cannot be pri neet the appl	or to date of fil licable statute	ing or more than ory filing requir	(option 90 days after fi rements, this o	iling.) Pursuant	to 605.0207 (oe listed as (
record specifies d is filed.	a delayed effective	e date, but not	an effective	time, at 12:0	I a.m. on the e	earlier of: (b)	The 90th day	y after the
Dated _5/19	8/2022		·				TALLA	2022 MI
_		Signature of a	member or au	thorized repres	sentative of a me	mbei	LAHASSE	2022 HAY 27 PH 5:
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Filing Fee: \$25.00