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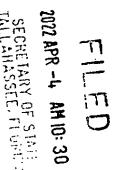
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COVER LETTER

TO: **Registration Section Division of Corporations**

BE2 PARTY RENTALS LLC

SUBJECT:	Name of Lim	ited Liability Company	
T	4 land and the control of the	wined for Olive	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Graziella Ghini		
		Name of Person	
	Solutions for Small Busine.	ss LLC	
		Firm/Company	
	12213 SW 133 Ct		
		Address	
	Miami, FL, 33186		
	tax@s4sbllc.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report noti-	lication)
For further information c	oncerning this matter, please ca	all:	
Graziella Ghini		305 2813027	
<u> </u>	·	at () Area Code Daytim	e Telephone Number
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
XI \$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 (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

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

BE2 PARTY RENTALS LLC		ASS ASS
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appears on our records.) Liability Company)	A D
The Articles of Organization for this Limited Liability Company Florida document number 1.22000109975	y were filed on	S 5 and ssigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or the	he 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: (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:	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	
	5 11 4.0	

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.

City

Zip Code

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>	<u>Address</u>	Type of Action
MBR	ZAPATA PERDOMO, JESUS A	8275 SW 152 AVE #408 MIAMI, FL 33193	
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			= Remove
			□Change
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	03/03/2021			
ffective date, if other than the	date of filing:		(optional)	
an effective date is listed, the date must	a be specific and cannot be prior	r to date of filing or more th	nan 90 days after filing.) Pur	suant to 605.020
<u>fote:</u> If the date inserted in this blocument's effective date on the De	ock does not meet the applic	cable statutory filing rec	quirements, this date will	not be listed as
ocument 3 cricetive date on the 150	.partment of State 3 records	•		
		ime, at 12:01 a.m. on th	ne earlier of: (b) The 90	th day after the
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