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SECTION TO SET

COVER LETTER

TO:

Registration Section

Division of Corporations	
SURJECT: Mora los far Name of Lie	Ty Kentals, LLC mited Liability Company
The enclosed Articles of Amendment and fee(s) are su	ibmitted for filing
Please return all correspondence concerning this matte	er to the following:
Leslie	Marie of Person
Morales	S Party Rentals, LLC 1873 P.P. 20
2813 3rds	4.5W
A	Address
Sphich de	Address HS, 7L. 33976
	City/State and Zip Code
Murale Sporty E-mail address:	Yentals 2022 @ Antail Com (to be used for future annual report notification)
For further information concerning this matter, please	
Leshe Morales	at (980) 384-7706
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee \$30.00 Filing Fee &	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee,
Certificate of Status	Certified Copy (additional copy is enclosed) Certified Eopy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address:	Street Address:
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: Morales Party Rentals, LLC Namy of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Lestie Morales Name of Person
Morales Party Rentals, LLC
2813 3rd St SW Address
City/State and Zip Code Morales Oartyrentals 2022 (Company Company Co
Morales Oartyrentals 2022 (Grant Compensation)
Morales Oaytyrentals 2022 & grant Companies E-milil address: Ito be used for future annual report notification) For further information concerning this matter, please call:
USIC MOVORS at (980) 384 7706 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

Morales Parky Ru	mals, LLC	
(Name of the Limited Lia (A Flo	ibility Company as it now appears on orida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liabilit Florida document number <u>しみるの</u> 308	y Company were filed on <u>MQr(</u> <u>¹ み</u> .	h 15 th 2023 and assigned
This amendment is submitted to amend the following	y:	
A. If amending name, enter the new name of the Colden Har Photograp The new name must be distinguishable and contain by words	she ILC	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	ODRESS)	202
		3 PR 20
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		9: 59
B. If amending the registered agent and/or registon agent and/or the new registered office address her		ds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida s	ireet address
	City	, Florida 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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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