22000178744

(Re	questor's Name)	
(Ad	dress)	·
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	s of Status
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Special Instructions to	-	
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Office Use Only



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SECRETARY OF SIME

COVER LETTER

TO:

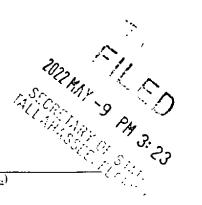
Tallahassee, FL 32314

TO: Registration Se Division of Cor			
B.Y.F.P. E	nt. LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter	_	
	Conshario Johnson		
		Name of Person	
		Firm/Company	
	24653 Laurel Ridge Dr.		
		Address	
	Lutz, Fl.		
	BYFP.ENT.LLC@gmail.co		
	E-mail address: (to be used for future annual report notif	ication)
For further information c	concerning this matter, please co	ali:	
Conshario Johnson		813 2556286	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	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 (additional copy is enclosed)
Mailing Address Registration S		Street Address: Registration Sec	etion
Division of C	Corporations	Division of Con	porations
P.O. Box 632	27	The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



B.Y.F.P. Ent. LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on April 14, 2022	and assigned
Florida document number L22000178744		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Build Your Fun Parties, LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or th	e 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 a agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the n	ame of the new registered
New Registered Office Address:		
	Enter Florida street address	
	, Florida	·
	•	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I a provided for in Chapter 605, F.S. (un familiar with and Or, if this document is
II (%)	noing Registered Agent Signature of New	Dagistarud Agant

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
***************************************			□Add
			Remove
			Change
			□Add
			Remove
			☐ Change
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f an effective date Note: If the date	of other than the of slisted, the date must inserted in this blottive date on the De	date of filing: _ be specific and can ock does not meet	the applicable s	e of filing or more that statutory filing requ	(optional in 90 days after filin irements, this dat) g.) Pursuant to 605.0207 is e will not be listed as t
record specifies d is filed.	a delayed effective	date, but not an e	effective time, a	t 12:01 a.m. on the	earlier of: (b) T	he 90th day after the
Dated		· -				
Dated		Menature of a morn	ber or authorized	representative of a n	nember	

Filing Fee: \$25.00