## 22000196471

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ALLAHASSEE, FLORIDA

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## **COVER LETTER**

Tallahassee, FL 32314

TO: Registration Se Division of Cor			•
Casablanca	Bounce & Party Rental 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	-	
	Jack C Soliazzo		
		Name of Person	
	White Kazbah LLC		
		Firm/Company	<del></del>
	8109 Hobbes Way		
	<del></del>	Address	· · <del>_·</del>
	Palm Beach Gardens, FL, 3	3418	
	Whitekazbah@gmail.com	City/State and Zip Code	
	<del>-</del> -	to be used for future annual report notification	ation)
For further information c	concerning this matter, please ca	ıll:	
Jack Sollazzo		631 697-9526	
Name c	d Person	at () Area Code Daytime T	elephone 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 (additional copy is enclosed)
<u>Mailing Addres</u> Registration		<u>Street Address:</u> Registration Secti	on
Division of C	Corporations	Division of Corpo	orations
P.O. Box 632	27	The Centre of Tal	llanassee

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Casablanca Bounce & Party Renta	HLC		
(Name of the Lim	ited Liability Comp	any as it now appears on our records.) Liability Company)	BSEE 110
The Articles of Organization for this Limited I Florida document number L22000196471	iability Company		PH assigned PH and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited lial	bility company here:	
White Kazbah Trading LLC			
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)	<u> </u>	N/A	
B. If amending the registered agent and/or agent and/or the new registered office addresses		address on our records, enter the na	ame of the new registered
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter Florida street address	
		, Florida	
		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 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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			□Remove
			Change
			□ Add
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