122000228472

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(Address)
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(Business Entity Name)
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COVER LETTER

Registration Section

Division of Corporations

, TO:

15.11	. Des Tours Des LLC	•	
SUBJECT: Balloon	n Bar Tampa Bay, LLC Name of Lim	ited Liability Company	
The analogod Articles of	Amendment and fee(s) are sub	mitted for filing	
	ndence concerning this matter		
r rease return an correspo	ndence concerning this matter	to the following.	
		April Gonzalez	
		Name of Person	
	Balloo	n Bar Tampa Bay, LLC	
		Firm/Company	
	13	138 Fox Tail Fern Drive	
		Riverview, FL 33584 City/State and Zip Code	
		•	
		to be used for future annual report not	ification)
For further information of	oncerning this matter, please c	all:	
April Go		at (<u>813</u>) <u>334-986</u>	
Name of Person		Area Code Daytir	ne Telephone Number
Enclosed is a check for th	ne 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 Addres Registration S		Street Address: Registration So	ection
Division of C P.O. Box 632	orporations	Division of Co The Centre of	rporations
Tallahassee I			ne Street Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 JUN 24 PM 12: 15 Balloon Bar Tampa Bay, 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 May 16th 2022 and assigned Florida document number <u>L22000228472</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LL.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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

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
MGR_	Sherrie Ngo	807 Hickory Fork Drive	□Add
		Seffner, FL 33584	Remove
			□Change
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an effective	e date is listed, th	ie date must be :	specific and	l cannot be p				X) days after	tiling.) Purs		
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Filing Fee: \$25.00