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A. RAMSEY AUG 29 2022

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: STARS PARTY REN	MALS & DECOIC, LLC mited Liability Company
The enclosed Articles of Amendment and fee(s) are sur Please return all correspondence concerning this matter	
Debarah A	Name of Person
	RENTALS & DEEDR Firm/Company
11085 SW	Address
	City/State and Zip Code City/State and Zip Code Confels Lector Quail. com. To be used for future annual report notification)
For further information concerning this matter, please of Seberah Leachado Lope 2 Name of Person	
Enclosed is a check for the following amount:	Area Code Daytime Telephone Number
\$25.00 Filing Fee \$Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 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	Street Address:

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

2022 JUN 13 PM 12 47

STARTS PARTY RENTALS &	L DECOR. LCC. Inv as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	
Florida document number <u>4 22180 24 /8 /9</u>	, ,,
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
STARS PARTY RESTALS & DE	TOR, LCC
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	11085 Sw 221St Ter
Principal office address MUST BE A STREET ADDRESS)	11085 Sw 2218t Per Leiemi, Pc, 33/70.
Enter new mailing address, if applicable:	11085 SW 231 ST TW
Mailing address MAY BE A POST OFFICE BOX	11085 SW 221 St TW Mi Goni, PC, 33170.
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registere
Name of New Registered Agent: Selfora	SW 221 ST TE Enter Florida street address
New Registered Office Address: 10 85	Sw adst Te
Ter 2	City Florida 33/ 70
New Registered Agent's Signature, if changing Registered Agent:	Zip Code
Land and a second secon	

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 **Title** Name Address **Type of Action** Deborah Machado MGR 11085 Sw 22/44 Ter. SAdd Minni, Fc, 33170 ____ Remove _____ □Remove ______ Change ______ □ Add _____ □ Remove _____ Change _____ □Remove □ Change _____ □Add ______ Remove ______ Change

ffective date, if other than the date of filing: (optional) an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 6 tote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be li occurrent's effective date on the Department of State's records. record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day af 1 is filed.	
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Signature of a member or authorized representative of a member	AH .

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