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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	·#)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

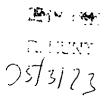
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## **COVER LETTER**

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

SUBJECT: 577	ARS PARTY REN	TALL & DECOK ILL	•
Name of Limited Liability Company  The enclosed Articles of Amendment and fee(s) are submitted for filing.  The enclosed Articles of Amendment and fee(s) are submitted for filing.  The enclosed Articles of Amendment and fee(s) are submitted for filing.  The filing of Person  The pe			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
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		Name of Person	<del></del>
	1.	Firm/Company	
	<del></del>	Address	
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		City/State and Zip Code	<del> </del>
	som life &	vality core a gra	il-com
	E-mail address# (i	to be used for future annual report noti	fication)
For further information of	oncerning this matter, please ca	ill:	
Seborah,	klachado Lone:	= at ( ) 348-	3506
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	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		Street Address:	
Registration S		Registration Sec	
Division of C P.O. Box 632	•	Division of Cor The Centre of T	•
1.0. DOM 032	• •	and Conde Of I	unanassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STAN PARTY RENTAL	& DEUX LLC		
STAN PARTY REVAL  (Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our r Liability Company)	ecords.)	•
		/ /	
The Articles of Organization for this Limited Liability Company	were filed on	<u>دد/ بو</u> and a	ssigned
Florida document number 42000 241819.		,	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	E XLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "	L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	11085 Sw	22/st Ter	
	11085 Sw	FC, 33170.	
		,	
Enter new mailing address, if applicable:	$\mathcal{N}/A$ .	•	<u>ವ</u> ⊃ ಪ
(Mailing address MAY BE A POST OFFICE BOX)		·	원
Management BEAT OF OTTRE BOX	<del></del>		7. <u>2 </u>
	· · ·		34 Sign
B. If amending the registered agent and/or registered office a	address on our records. e	nter the name of the n	<u></u>
agent and/or the new registered office address here:	, <u></u> -		o ő
	. /		
Name of New Registered Agent:	4.		
New Products of Office Address			
New Registered Office Address:	Enter Florida street ac	ddress	
_	)/s.	*** * *	
<del></del>	City	, Florida Zip Code	φ
	•	2	

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

$\mathbf{MGR} = \mathbf{M}$ $\mathbf{AMBR} = \mathbf{A}$	Aanager Authorized Member	D/A	
<u>Title</u>	<u>Name</u>	Address	Type of Action
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ffective d	ate, if other than date is listed, the date	the date of filir must be specific ar	ng: nd cannot be prior	to date of filing or mo	(option of the control of the contro	onal) filing.) Pursuant to 6	05.020
	edate inserted in this effective date on the			ible statutory filing	requirements, this	s date will not be li	sted a
ecord spe	cifies a delayed effe				on the earlier of: (b	) The 90th day af	ter the
				$\sim 1$			
	July 2	5-14	., _2023				
	July 2.	Signature of a	member or author	rized representative of the document of signee			