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of 9/20/2022

COVERTELLER

TO: Registration Section Division of Corporations
SUBJECT: M'S Party & Zivent Decor LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing Please return all correspondence concerning this matter to the following
Maria 1 Wpez Kelly
M'S Party & Event Decor Lic
2361 Jarger DR 70
Delvay Blm FL 33444 City State and Zip Code
MSpartyand Event decelle (agmal) (om
For further information concerning this matter, please call
Mark of Person Area Code Davime Telephone Number
Enclosed is a check for the following amount
1/825 00 Filing Fee

Mailing Address:

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

Street Address: 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 OF

105 Partus	EXECUTE CICCOR LI intel Liability Company us it now approars (A Florida Limited Liability Company)	2022 CUN 27 PN 5: 38
The Articles of Organization for this Limited Florida document number L 22000 2	Liability Company were filed on M	INCS 2022 and assigned
This amendment is submitted to amend the fo	sllowing:	
A. If amending name, enter the new name	of the limited liability company her	<u>e</u> :
The new name must be distinguishable and contain the Enter new principal offices address, if apple (Principal office address MUST BE A STRE	licable: 234)	agnation "LLC" or the abbreviation "L.C." ACOAL DR TC 300 FL 33444
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC)	\(\(\frac{E BON}{2}\)	
B. If amending the registered agent and/or agent and/or agent and/or the new registered office addr		cords, <u>enter the name of the new register</u>
Name of New Registered Agent.	Maria Laper 2361 Jacober	reliy
New Registered Office Address:	Delraybon	Florida 33444 Zap Code
New Registered Agent's Signature, if changing	g 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, it 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.

II 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 adde or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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		2301 Jaeger BR APT To Delray Ban Fl33444	□Remove
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, 1 1 / / / / /	Signature of a name	er or authorized repre	sentative of a meni	oci	

Filing Fee: \$25.00