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(F	Requestor's Name)	
	Address)	
(<i>F</i>	Address)	
	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT ☐ MAI	L
(E	Business Entity Name)	
(0	Document Number)	
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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: St Pete Utimate Intables 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:
ANTHONY LANGE Name of Person
St. Pets Ultimate Inflatable 5 LLC
6292 3 rd Ave N
St. Petersburg FL 33710 City/State and Zip Code Airfield 280 GMAIL COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Anthony Lange at (404) 484.4101 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$25.00 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

St. Pete III+ im ate 1. (Name of the Limited Liability Compan. (A Florida Limited Lia	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company with the Florida document number \(\begin{align*} \frac{1}{2000310247}.\end{align*}\)	were filed on 12. July 2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liabilit 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)	y Company," the designation "LL.C." or the abbreviation "L.L.C." SEC RETARY OF STATE LLAH SSEE, FL
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida Zip Code
	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

	Name	Address	Type of Action
Mar	Matthew D. Mussett	4033 25th Ave N.	\ \ Add
J		St. Petersburg FL 33713	™Remove
			Change
Mgr.	Tyler T. Jones	102.1 44th Ave NE.	□Add
-	·	1021 44th Ave NE. St. Petersburg, FL 337	703 (PRemove
•			□ Change
		·	🗆 Add
			□Remove
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ote: :	ve date, if other than the date of filing:
ecord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after ted.
ıted _	18 August, 2022.
	Signature of a member or authorized representative of a member
	ANTHONY LANGE Typed or printed name of signee