

H23000184400 3

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the tax identification number (shown below) on the top and bottom of all pages of the document.

(((H23000184400 3)))



H23000184400 3 ABCD

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : HAND ARENDALL HARRISON SALE LLC
Account Number : 120130008123
Phone : (850)769-3434
Fax Number : (850)769-6121

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: jcampfield@handfirm.com

LLC AMND/RESTATE/CORRECT OR M/MIG RESIGN
PARTY IN A CUP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

M. SOLOMON

MAY 19 2023

H23000184400 3

DocuSign Envelope ID: 27D1767F-CFA1-425A-A4F8-B1A430F8CB6D

COVER LETTER

H23000184400 3

**TO: Registration Section
Division of Corporations**

SUBJECT: PARTY IN A CUP, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

CAROL WILLIAMS

Name of Person

PARTY IN A CUP, LLC

Firm/Company

614 LOBLOLLY BAY DR

Address

SANTA ROSA BEACH, FL 32459

City/State and Zip Code

cihlewilliams@gmail.com

E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

CAROL WILLIAMS

901 568.6717

Name of Person

at ()

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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

H23000184400 3

DocuSign Envelope ID: 27D1767F-CFA1-425A-A4F8-B1A430F9CB6D

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

H23000184400 3

PARTY IN A CUP, 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 08/05/2022 and assigned
Florida document number L22000345010.

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 "L.L.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

City

Florida

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

H23000184400 3

DocuSign Envelope ID: 27D1767F-CFA1-425A-A4F8-B1A430F9CB6D

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

H23000184400 3

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	STEVE WILLIAMS	614 LOBLOLLY BAY DR.	<input type="checkbox"/> Add
		SANTA ROSA BEACH, FL 32459	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

H23000184400 3

FILED

2023 MAY 18 AM 11:23

DocuSign Envelope ID: 27D1767F-CFA1-425A-A4F8-B1A430F9CB6D

H23000184400 3

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

2000

2023 MAY 18 AM 11:23

E. Effective date, if other than the date of filing: _____ (optional)

(If 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 5/18/2023

- DocuSigned by:

CAROL WILLIAMS

Signature of a member or authorized representative of a member

CAROL WILLIAMS

Typed or printed name of signee

Filing Fee: \$25.00

H23000184400 3