

L22000399755

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

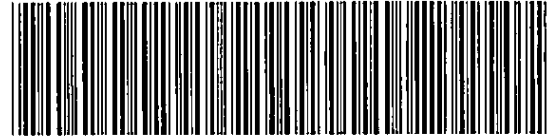
(Business Entity Name)

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COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: YOUR SOUTH FLORIDA PARTY RENTAL 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:

JOHN NAVARRO

Name of Person

JOHN A NAVARRO PA

Firm/Company

150 S PINE ISLAND RD 300

Address

PLANTATION, FLORIDA 33324

City/State and Zip Code

JOHN@JOHNANAVARROPA.COM

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

For further information concerning this matter, please call:

JOHN NAVARRO

Name of Person

954

at ()

Area Code

445-7401

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

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RECEIVED

If Changing Registered Agent, Signature of New Registered Agent

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	KRISTA BARTH	422 NORTH RAINBOW DR	<input type="checkbox"/> Add
		HOLLYWOOD FL 33021	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
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2013 OCT -7

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.

Dated NOVEMBER 29, 2023

JOHN NAVARRO

Typed or printed name of signee