## L22000399755

(Re	questor's Name)	<del> </del>
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
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## **COVER LETTER**

BJECT:	Name of Limit	ed Liability Company	<del></del>
enclosed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
ase return all correspor	ndence concerning this matter t	o the following:	
	JOHN NAVARRO		
		Name of Person	<del></del>
	JOHN A NAVARRO PA		
		Firm/Company	<del></del>
	150 S PINE ISLAND RD 3	300	
		Address	<del></del>
	PLANTATION, FLORID/	\ 33324	
		City/State and Zip Code	
	JOHN@JOHNANAVARRO		
		to be used for future annual report notif	neation)
or further information co	oncerning this matter, please ca	all:	
OHN NAVARRO		954 445-7401 at ()	e Telephone Number
Name o	f Person	Area Code Daytime	e Telephone Number
sclosed is a check for th	ne following amount:		A.X.
■ \$25.00 Filing Fec	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres	ss:	Street Address:	,

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

TO: Registration Section

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

YOUR SOUTH FLORIDA PARTY RENT		
(Name of the Limited Liabi (A Florid	lity Company as it now appears on our records la Limited Liability Company)	<u>F)</u>
The Articles of Organization for this Limited Liability Florida document number L22000399755	Company were filed on 11/29/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited 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 ADD	<u>PRESS)</u>	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		217.7 DEC +7 Hri
B. If amending the registered agent and/or register agent and/or the new registered office address here	ed office address on our records, <u>enter</u> :	27 F
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	·s
	, Flo	orida
<del></del>	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

<u>Title</u>	Name	<u>Address</u>	Type of Action
AMBR _	KRISTA BARTH	422 NORTH RAINBOW DR	□ Add
_		HOLLYWOOD FL 33021	■Remove
			Change
			[]Remove
			☐ Change
			GRemove E
			□Change :  Add  Remove
			Change
			[]Remove
			□Change
			Remove
			Change

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ective date, if other than n effective date is listed, the da te: If the date inserted in to cument's effective date on	his block does not	t meet the applica	able statutory fil.	more than 90 days a ing requirements,	fter filing.) Pursu this date will n	iantito 605 020
ecord specifies a delayed ef is filed.	fective date, but n	ot an effective ti	me, at 12:01 a.m	on the earlier of:	: (b) The 90th	day after the
NOVEMBER 29		2023				
	<del>\</del>	~~~				
	Simplure of	a member or autho	orized representati	ve of a member		
	Signature of	a memoer or dam.	···			