L22000440079

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12/11/23--01003--018 **25.00



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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations	·	
SUBJECT: B	alloon Bar To	ampa	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing	
Please return all correspo	ndence concerning this matter	to the following:	
	Kalyn	Cenal Name of Person	
	Balloon	Bar Tampa Firm/Company	
	7080 W000	dchase Gien Di	2
	RIVERVIE	City/State and Zip Code	
	Kalyn Cer E-mail address: 0	o Re used for future unitual report not	incation)
For further information c	oncerning this matter, please ca	all:	
Kalyn Name o	Cenal	at (<u>813</u>) <u>951</u> Area Code Daytim	- 2875 ne Telephone Number
Enclosed is a check for the	ne 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)
<u>Mailing Addres</u> Registration S		Street Address: Registration Se	ction
Division of C		Division of Cor	
P.O. Box 632		The Centre of 1	lallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

	i U	
ARTICLES OF (ORGANIZATION	<i>?</i> ۍ,
(OF	ecords.)
-		
Balloon Bar Ta	mpa	
Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our re Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Company	y were filed on 10/12	. 2022 and assigned
Florida document number <u>L22000440019</u>		
s amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
LUXE Balloon Bar Tampal	1 C	
The new name must be distinguishable and contain the words "Limited Liab	ility 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)		
Trincipul office dualess most inentification in the management	 	
Contain and the address of annihilation		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered office	address on our resords a	ntar the name of the new registered
s. If amending the registered agent and/or registered office and/or the new registered office address here:	address on our records, <u>e</u>	inter the hance of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	ddress
	City	_, Florida Zip Code
	City	inp cone

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 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>	<u>Name</u>	Address	Type of Action
			□Add
			Петюve
			□Change
			□Add
			Remove
			☐ Change
			□Add
			Петюче
		 	
		□Add	
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			□Remove
		Change	

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