L22000462202

Office Use Only



05/25/23--01015--017 *+30.00



COVER LETTER

TO: Registration Sc Division of Cor				
360 PARTI				
SUBJECT:	Name of Lim	ited Liability Company		
	Amendment and fee(s) are sub	- -		
Please return all correspo	indence concerning this matter	to the following:		
	YADIRA HANSON			
		Name of Person		
	360 PARTIES LLC			
		Firm/Company		
	17329 BRIANS WAY			
		Address		
	JUPITER, FL 33478			
		City/State and Zip Code		
	YADIRAHANSON@GMA	HLCOM to be used for future annual report noti	dani.	
For further information c	oncerning this matter, please of	·	incanony	
YADIRA HANSON		561 727-4029		
Name o	f Person	at ()	ne Telephone Number	
Enclosed is a check for th	ne following amount:			
☐ \$25.00 Filing Fee		☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres	·s:	<u>St</u> reet Address:		
Registration Section		Registration Section		
Division of C P.O. Box 632		Division of Corporations The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATION OF 207



YADES BALLOONS 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 10/26/2022	and assigned
Florida document number L22000462202		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
360 PARTIES LLC		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation '	T.L.C" 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 acagent and/or the new registered office address here:	ddress on our records, <u>ei</u>	nter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street aa	ldress
		, Florida
	City	Zιp Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as poperated by the complete office of the company has been notified in writing of this change.	performance of my dutie. rovided for in Chapter 6	s, and I am familiar with and 05, F.S. Or, if this document is

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	Address	Type of Action
AMBR	MARCO LEONARDO FAJARDO	2344 LYNN DR, WEST PALM BEACH FL 33415	■Add
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an effective date is listed, the lote: If the date inserted	in this block does not n	neet the applicab			
ocument's effective date	on the Department of S	tate's records.			
record specifies a delaye	d affective date, but not	an affective tim	e ut DiOlaimio	n the earlier of (b)	The Olith due after the
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05/10		2022			
ated		2023 ·	. •		
$\times \mathcal{U}_{ad}$	in Albaran				
	10	nember or authori	zed representative (of a member	
Dated 05/19 × 1/60/	11.	1 1/			
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Filing Fee: \$25.00