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(Re	questor's Name)		
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(Document Number)			
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2023 SEP 12 PM 3: 44 SECRETALLY OF STATE

COVER LETTER

TO:	Registration So Division of Cor		•	s	·•	••
erm ii		Creation and more				
SUBJECT: Name of Limited Liability Company						
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please	return all correspo	ondence concerning this matter	to the following:			
		Mandy Christakes				
			Name of Person			
		M Balloon Creation and m	oore			
			Firm/Company			
3500 Windmeadows Blvd apt 65						
			Address			
		Gainesville,FL 32608				
			City/State and Zip Code			
		mballooncreationandmore@	= -			
			to be used for future annual report notificat	ion)	2023 SEC	
For fur	ther information c	concerning this matter, please c	all:		2000 SEP	
Mandy	Christakes		828 2056358 at ()		712 12	72.0
	Name o	f Person		lephone Number	18 18 G	ده. ارسان الوسا
Enclose	ed is a check for th	ne following amount:			144	
□ \$2.	5.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassec, FL 32314

Street Address:
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

M Balloon Creation and more			
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on ited Liability Company)	n our records.)	
The Articles of Organization for this Limited Liability Comp Florida document number 92-1388690	pany were filed on Dec 2	022	and assigned
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 I	Liability Company," the desig	gnation "LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered off agent and/or the new registered office address here: Name of New Registered Agent:	fice address on our reco	ords, enter the name of	2023 SEP 2 PH the new registered
New Registered Office Address:	Enter Florida	street address	
		. Florida	
New Registered Agent's Signature, if changing Registered Ag	City		Lip Code
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	agree to act in this cap dete performance of my as provided for in Cha	oduties, and I am fami opter 605, F.S. Or, if th	liar with and his 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

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Anthony E Andrews III	3500 Windmeadows Blvd apt 65	≅Add
		Gainesville,FL	□Remove
			Change
			□Add
		-1 - · · · · · · · · · · · · · · · · · ·	Remove
			SE Change 7
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Effective date, if other than the date of filing: December 2022 If an effective date is listed, the date must be specific and cannot be prior to date of filing or more the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records.	(optional) re than 90 days after filing.) Pursuant to 605.0207 requirements, this date will not be listed as
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. or d is filed.	n the earlier of: (b) The 90th day after the
Dated August 11 2023 Many Mark Signature of a member or authorized representative of a member of of a mem	

Filing Fee: \$25.00

COVER LETTER

	Registration Se Division of Cor					
SUBJEC		Creation and more				
SUBJEC	у1: <u></u>	Name of Lin	ited Liability Company			
		Amendment and fee(s) are sub indence concerning this matter				
		Mandy Christakes				
			Name of Person		_	
		M Balloon Creation and m	nore			
		· · · · · · · · · · · · · · · · · · ·	Firm/Company		_	
		3500 Windmeadows Blvd	apt 65			
			Address		207 Se	
		Gainesville,FL 32608			S SEI	:
		mballooncreationandmore@	City/State and Zip Code Igmail.com		2023 SEP 12 PN 3: 44 SECRETARY OF STATE	y-
		E-mail address:	to be used for future annual report notifica	tion)	PA PA	18
For furth	ner information e	oncerning this matter, please c	all:		11万 -	•
Mandy (Christakes		\$28 2056358 at ()		m F	
	Name o	f Person		elephone Numbe	ar .	
Enclosed	l is a check for th	ne following amount:				
□ \$25.	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Status &	
	Mailing Addres	<u>s:</u>	Street Address:			

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

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Tallahassee, FL 32303