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(Cit	y/State/Zip/Phone	e #)
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PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
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(Do	cument Number)	
Certified Copies	Certificates	of Status
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Special Instructions to	Filina Officer:	
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TOTAL OF THE COMMENTS

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COVER LETTER

TO:

Registration Section

Division of Cor	porations				
SUBJECT:	Par	ty of 2, LLC			
		ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
		Samantha Feig			
		Name of Person			
		Party of 2, LLC			
		Firm/Company			
	15	Paradise Plaza, Suite 245			
		Address			
		Sarasota, FL 34239			
		City/State and Zip Code			
	F-mail address: (Partyof2LLC@gmail.com to be used for future annual report not	tification)		
For further information c	oncerning this matter, please c	•	,		
Samantha Feig		at (954) 895-012	24		
Name o	f Person		ne Telephone Number		
inclosed 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)		
Mailing Address Registration S		Street Address: Registration So	ection		
Division of C	· ·	Division of Corporations The Centre of Tallahassee			
P.O. Box 632 Tallahassee, l			oe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Party of 2, LLC

ny as it now appears on our records.) Jiability Company)	
were filed on Februray 10, 202	23 and assigned
ility company here:	
lity Company," the designation "LLC" or th	ne abbreviation "L.L.C."
	2023 QC1
Down of 2 LLC	71.2
	<u>්</u> දැ
Sarasota, FL 34239	
address on our records, <u>enter the r</u>	name of the new registered
Enter Florida street address	
City	Zip Code
ee to act in this capacity. I further performance of my duties, and I a provided for in Chapter 605, F.S. address. I hereby confirm that the	ım familiar with and Or, if this document is
	Party of 2, LLC 15 Paradise Plaza, Suite 24 Sarasota, FL 34239 Enter Florida street address City Performance of my duties, and I do provided for in Chapter 605, F.S.

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>	<u>Name</u>	Address	Type of Action
MGR	Jeff Feig	1844 Oleander Street, Sarasota FL 34239	□Add
			⊠Remove
			□Change
MGR	Samantha Feig	1844 Oleander Street, Sarasota FL 34239	&Add
			Remove
			□∧dd
			□Remove
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fective date, if other to an effective date is listed, the	date must be specif	fic and cannot be pri	or to date of filir	ng or more than 90 d	_ (optional) lays after filing.) Pursuant to	605.020
ote: If the date inserted cument's effective date				y filing requireme	ents, this date	will not be	listed a
ecord specifies a delayed is filed.	l effective date, bu	ut not an effective	time, at 12:01	a.m. on the earli	er of: (b) Th	e 90th day	after the
is fried.							
		2023	·				
ated October 1	\sim				/		
ated October 1	7			1 ~1	San-		
ated October 1	Signature	e of a member or au	thorized represe	AM ntative of a member	Jes		- -

Filing Fee: \$25.00