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TC:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323)389-0502

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PARTY LUX L.L.C.

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Registration Section

TO:

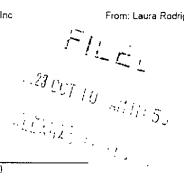
COVER LETTER

Division	of Corporations			
PA SURIDOT:	RTY LUX L.L.C.			
SUBJECT: Nune of Limited Liability Company				
The enclosed Arti	icles of Amendment and fee(s) are submitted for filing.			
Please return all c	correspondence concerning this matter to the following:			
	Cheyenne Moseley			
	Name of Person			
	Legalzoom.com, Inc.			
	Firm-Company			
	101 N Brand Blvd 11th Fl			
	Address			
	Glendate, CA 91203			
	City/State and Zip Code			
	jacobeabatana@gmail.com E-mail address: (to be used for future annual report notification)			
For further inform	nation concerning this matter, please call:			
Cheyenne Mosele	ey 800 773-0888			
	Name of Person Area Code Daytime Telephone Number			
Enclosed is a chec	ck for the following amount:			
□ \$25.00 Filing	Fee □ \$30,00 Filing Fee & □ \$60,00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)			
	MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section			

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

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 To:

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION



PARTY LUX L.L.C.

(Name of the Limited Lia (A Flo	bility Company as it now appears on our re rida Lamited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Florida document number <u>L23000101970</u>		and assigned
This amendment is submitted to amend the following		
A. If amending name, enter the new name of the I	imited liability company here:	
The new name must be distinguishable and contain the words "I	Limited 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 AD	DRESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or re- registered agent and/or the new registered office a Name of New Registered Agent:	ddress here:	
New Registered Office Address:	Enter Florida siveer ac	khew
	Cuy	. FloridaZ \(\text{\$\pi\$}\) Code
New Registered Agent's Signature, if changing Register	ered Agent:	
I hereby accept the appointment as registered age, provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this change.	Leamplete performance of my duties Lagent as provided for in Chapter 6 ered office address, I hereby confirm	, and I am familiar with and 05, F.S. Or, if this document is
	If Changing Registered Agent, Signat	ure of New Registered Agent

n.		_	- :	
Pa	ge.	o.	OI.	ζ

2023-10-10 07 56 01 PDT

LegalZoom com, Inc.

From Laura Rodriguez

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

To:

AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	Conner Brown	1382 Brookwood Forest Blvd., Unit 717 Jacksonville, FL 32225	■ Add
			□ Remove
			Change
AMBR	Zach Berrier	1382 Brookwood Forest Blvd., Unit 717 dicksonville, FL 32225	
			Remove
			🗀 Change
			Remove T
			Change:
.			Add C
			☐ Remove
			☐ Change
			Add
			□ Remove
			Change
			☐ Remove
			Change