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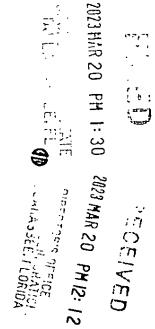
(Requestor's Name)
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PICK-UP WAIT MAIL
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Certified Copies Certificates of Status
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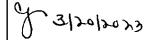
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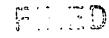


## **COVER LETTER**

то:

TO: Registration Section Division of Corporations	
CHANGE Pacty Pike	LLC
SUBJECT: 121 / Nar	ne of Limited Liability Company
The enclosed Articles of Amendment and fee(s)	are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Division of Corporations  UBLIECT: Party Pike LLC  Name of Limited Liability Company  be enclosed Articles of Amendment and feets) are submitted for filling.  lease return all correspondence concerning this matter to the following:  Armando Medina  Name of Person  Party Pike LLC  Finni Company  13 2 7 High rd Apt Q2  Address  Tallahassee FL 3230H  E-mail address: to be used for fixture annual report notification)  or further information concerning this matter, please call:  Armando Medina  at QUK 340 - 5149  Name of Person  Tallahassee Status  Area Code  Daytime Telephone Number  Mailing Address:  Registration Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314  Sirvet Address:  Registration Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314	
	Party Pike LLC  Name of Limited Liability Company  ricles of Amendment and feets) are submitted for filing.  correspondence concerning this matter to the following:  Armando Meding  Name of Person  Party Pike LL C  Firmi Company  13 2 7 High of Apr Q2  Address  Tallanassee FL 32304  City-State and Zip Code  1 Cenas 11204 D gma. 1. Com  B-mail address: (to be used for future annual report notification)  rmation concerning this matter, please call:  2 Add Meding  Name of Person  at (98 340-5149  Area Code Daytime Telephone Number  ceck for the following amount:  ag Fee Solo.00 Filing Fee & Certificate of Status  Certificate Copy (additional copy is enclosed)  g Address:  reation Section  on of Corporations  Sox 6327  Street Address:  Registration Section  Division of Corporations  The Centre of Tallahassee
SUBJECT: Party Pike LLC  Name of Limited Liability Company  The enclosed Articles of Amendment and feets) are submitted for filting.  Please return all correspondence concerning this matter to the following:  Armando Meding  Name of Person  Party Pile LLC  Firm Company  13 2 7 High rd, Apt Q2  Address  Tallaharsee FL 3230H  City-State and Zip Code  1 Ceman 11204 D gmanls Com  Bennal address: (to be used for fixture annual report notification)  For further information concerning this matter, please call:  Armand Meding  Name of Person  at (90%) 340-5149  Area Code Daytime Telephone Number  Finclosed is a check for the following amount:  X \$25.00 Filing Fee Scinificate of Status  Certificate of Status  Mailing Address:  Registration Section  Division of Corporations  Street Address:  Registration Section  Division of Corporations	
For further information concerning this matter,	please call:
Armande Meding	all 908 340-5149
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
	itatus Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy
Registration Section Division of Corporations P.O. Box 6327	Registration Section Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2023 HAR 20 PM 1: 30

Party Rike LL		
(Name of the Limited Liability Compa (A Florida Limited I.	ny as it now appears on our rec liability Company)	ords.) [ALL
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L23000120704}{}$ .	were filed on <u>O3/08</u> ,	12083 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
the new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "I	.L.C" or the abbreviation "L.L.C."
Eater new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if appficable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	nddress on our records, <u>en</u>	ter the name of the new registered
Name of New Registered Agent:	-	
New Registered Office Address:	Enter Florida street ad	dress
	<u> </u>	FloridaZip Code
· · · · · · · · · · · · · · · · · · ·	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
i nevely accent the appointment as registered agent and agra	ee to act in this capacity. I	I further agree to comply with the

i nereby 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 except the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is I ving 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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>cr removed from our records</u>:

MCR = Manager AMBR = Authorized Member

<u>Litte</u>	Name	Address	Type of Action
AMBR	Armando Medina	1327 High Rd, AA QZ	_ <del>1</del> 1.4dd
		1327 High Rd, Apt QZ Tallahassee, FL, 32304	□Remove
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m effectiv <u>ete:</u> If th	date, if other than the date of filing:	
is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day	after the
ted	O3/20/2023  Character of a member or authorized representative of a member  Arman do Medina  Typed or printed name of signce	
	and hours	
	Signature of a member or authorized representative of a member	_
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Filing Fee: \$25.00