## L23000163560

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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## COVER LETTER

TO: Registration S Division of Co			
Custom Pa	rty Packs L.L.C		
SUBJECT:	Name of Lim	uted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	nutted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Tiara N. Stevens		
	· · · · · · · · · · · · · · · · · · ·	Name of Person	
	Custom Party Packs LLC		
		Firm Company	
	2009 Bradford Ct Apt D		
•	·	Address	
	Tallahassee, Florida 32303	ı	
		City/State and Zip Code	<del></del>
	TSTEVENS A@YAHOO		
		to be used for future annual report to	otification)
For further information (	concerning this matter, please c	alt:	
Tiara N. Stevens		850 524-2495	
Name	of Person	at (	ime Telephone Number
Enclosed is a check for t	the following amount:		
₩ \$25,00 Filing Fee	☐ \$30 00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Cl \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of C	Section	Street Address: Registration S Division of C	
P.O. Box 63.		The Centre of	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it non appears on our records.)
(A Florida Limited Liability Company)

CUSTOM PARTY PACKS LLC

The Articles of Organization for this Limited Liability Company Florida document number <u>L23000163560</u>	were filed on 04/03/2023	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 "LLC	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 a agent and/or the new registered office address here:	uddress on our records, <u>enter (</u>	the name of the new registered
Name_of_New_Registered_Agent:		<del></del>
New Registered Office Address:	Enter Florida street address	<del>,</del> .
		orida
	CjÙ	Lip Code

New Registered Agent's Signature, if changing Registered Agent;

I hereby 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 accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being 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

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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>l'ille</u>	<u>Name</u>	Address	Type of Actio
MGR	FIARA N. STEVENS	2009 BRADFORD CT APT D	—————————————————————————————————————
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e record specifies a delayed rd is filed.	affective date, but i	not an effective t	ime, at £2:01 a.m.	on the earlier of:	(b) The 90th day at	fler
Dated MAY 22		2023				
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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