## L23000184813

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7/18/23 VIN



## **COVER LETTER**

TO: Registration Division of C	Section Corporations		
3 Ballon	·		
SUBJECT:			<del>-</del>
	Name of Lim	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	Alejandro von Wernich		
		Name of Person	<del></del>
	3 Balloons LLC		
		Firm/Company	
	3315 Schoolhouse Rd		
		Address	
	Harmony, FL 34773		
		City/State and Zip Code	<u></u>
	Citrusur@gmail.com		
	E-mail address: (	to be used for future annual re	port notification)
For further informatio	n concerning this matter, please c	all:	
Christine von Wernich	1	863 242-	1163
	ne of Person	at () Area Code	Daytime Telephone Number
Nam	e of Person	Area Code	Daytime Telephone (vumoe)
Enclosed is a check for	or the following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status

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

Street Address:

(additional copy is enclosed)

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Certified Copy

(additional copy is enclosed)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3 Ballons LLC	d Liability Compo	any as it now annears on	our records )	
(tvanie of the Limite	A Florida Limited	ny as it now appears on Liability Company)	ONI TEENIOSI)	
The Articles of Organization for this Limited Line Lorida document number L23000184813	ability Company	were filed on	023 and as	signed
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the <u>limited</u> liab	oility company here:		
Balloons LLC				
he new name must be distinguishable and contain the we	ords "Limited Liabi	lity Company," the design	ation "LLC" or the abbreviation "L	L.C."
Enter new principal offices address, if applica	ıble:	N/A		
Principal office address MUST BE A STREE			2023	
more with the second se		···	IX A	i i
inter new mailing address, if applicable:		N/A		<u></u>
Mailing address MAY BE A POST OFFICE I	30X)			
3. If amending the registered agent and/or regent and/or the new registered office addres		address on our recor	ds, <u>enter the name of the ne</u>	w regis
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A			
		Enter Florida s	treet address	
	<u> </u>		, Florida	
		City	Zip 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

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>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			🗆 Add
			□Remove
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