

LA3000216641

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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WAIT

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(Business Entity Name)

(Document Number)

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LA 21-FC 001-004 **20.00

2007 JUN 26 09:44

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PUFFED UP PARTIES LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

BRIAN WEGLEWSKI

Name of Person

PUFFED UP PARTIES LLC

Firm/Company

12482 SAWGRASS CT SUITE 22

Address

WELLINGTON, FL 33414

City/State and Zip Code

PUFFUPPARTIES@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BRIAN WEGLEWSKI

561 7135646
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

PUFFED UP PARTIES LLC

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

The Articles of Organization for this Limited Liability Company were filed on 05/02/2023 and assigned
Florida document number L23000216671.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "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 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 address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	DAVID N WAGNER	1 GREENWOOD VLG UNIT 208	<input type="checkbox"/> Add
		ROYAL PALM BEACH, FL 33411	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

100

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee

State of Florida

Department of State

I certify from the records of this office that PUFFED UP PARTIES LLC, is a limited liability company organized under the laws of the State of Florida, filed electronically on May 02, 2023.

The document number of this company is L23000216671.

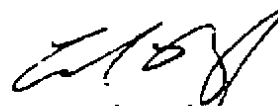
I further certify that said company has paid all fees due this office through December 31, 2023, and its status is active.

I further certify that this is an electronically transmitted certificate authorized by section 15.16, Florida Statutes, and authenticated by the code noted below.

Authentication Code: 230503084500-300408032123#1

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this the
Third day of May, 2023




Cord Byrd
Secretary of State

State of Florida Department of State

I certify the attached is a true and correct copy of the Articles of Organization of PUFFED UP PARTIES LLC, a limited liability company organized under the laws of the state of Florida, filed electronically on May 02, 2023, as shown by the records of this office.

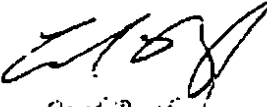
I further certify that this is an electronically transmitted certificate authorized by section 15.16, Florida Statutes, and authenticated by the code noted below.

The document number of this limited liability company is L23000216671.

Authentication Code: 230503084500-300408032123#1

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this the
Third day of May, 2023




Cord Byrd
Secretary of State

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L23000216671
FILED 8:00 AM
May 02, 2023
Sec. Of State
adjohnson

Article I

The name of the Limited Liability Company is:

PUFFED UP PARTIES LLC

Article II

The street address of the principal office of the Limited Liability Company is:

12482 SAWGRASS CT
SUITE 22
WELLINGTON, FL. 33414

The mailing address of the Limited Liability Company is:

12482 SAWGRASS CT
SUITE 22
WELLINGTON, FL. 33414

Article III

The name and Florida street address of the registered agent is:

BRIAN WEGLEWSKI
12482 SAWGRASS CT
SUITE 22
WELLINGTON, FL. 33414

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: BRIAN WEGLEWSKI

Article IV

The name and address of person(s) authorized to manage LLC:

Title: MGR
BRIAN WEGLEWSKI
12482 SAWGRASS CT
WELLINGTON, FL. 33414

Title: MGR
NICK WAGNER
1 GREENWAY VILLAGE N UNIT 8
ROYAL PALM BEACH, FL. 33411

L23000216671
FILED 8:00 AM
May 02, 2023
Sec. Of State
adjohnson

Signature of member or an authorized representative

Electronic Signature: BRIAN WEGLEWSKI

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.