## L23000356369

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Special Instructions to	Filing Officer.	
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09/08/23--01025--008 \*\*55.00



## **COVER LETTER**

The enclosed Articles of Antendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:    Colling   Name of Person	TO:	Registration Sec Division of Corp		*** 9°	140
Please return all correspondence concerning this matter to the following:    Colling   Person	SUBJE	CT: Here	to Party Rest	icd Liability Company	
Collin Francisky  Name of Person  Here to Party Rentals  Firm/Company  61.33 Thinks St.  Address  Orlando Fl 32827  City/State and Zip Code  Colling Procedure Qureal, Cota  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Colling Procedure at (11.6)  Name of Person  at (11.6)  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  [] \$25.00 Filing Fee  Certificate of Status  Certified Copy  Ladditional copy is enclosed)  Certified Copy  Ladditional copy is enclosed)  Certified Copy  Ladditional copy is enclosed)	The end	closed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Here to Party Rectals Firm/Company	Please 1	eturn all correspon	dence concerning this matter	to the following:	
Here to Party Rectals Firm/Company			Collin	eangedy	
Address  Oclando Fl 32827  City/State and Zip Code  Collina Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  S25.00 Filing Fee  Certificate of Status  Certified Copy  Land Code  Certified Code  Certified Copy  Land Code  Certified Code  Certif				Name of Person	
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E-mail address: (to be used for future) annual report notification)  For further information concerning this matter, please call:    Colling Veneral				Address	
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For further information concerning this matter, please call:    Colling Vencetor			E-mail address: (1	o be used for future annual report noti	tication)
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☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (Certified Copy tadditional copy is enclosed)	· · · ·	Name of	Person	Area Code Daytim	ne Telephone Number
Certificate of Status Certified Copy Certificate of Status & Cartified Copy Certified Copy	Enclose	ed is a check for the	e following amount:		
	□ \$25	5.00 Filing Fee	<del>-</del>	Certified Copy	Certificate of Status & Certified Copy

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassec, 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

(Name of the Limited Liabi	Recitals U.C.  Hity Company as it now appears on our records.)  da Limited Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Florida document number <u>しる3のりろりん</u> 3 <u>6</u>		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lir	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" or t	he abbreviation
Enter new principal offices address, if applicable:		;-; <u>S</u>
(Principal office address MUST BE A STREET ADD	DRESS)	
Enter new mailing address, if applicable:		8 AH 9: 0
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here		name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid:	a
	Cùy	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>	Address	Type of Action
FIMBR	David Bush	2852 Sail Breeze Way	⊠Add
		2852 Sail Breeze Way Kissimmer FL 34744	□Remove
			□Change
		-	□Add
			Remove
			□Change
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	-		□Add
			□Remove

\_\_\_\_\_\_ □Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (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) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be fisted as the document's effective date on the Department of State's records. 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

Filing Fee: \$25.00