(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
′ \				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Special mandetons to 1 ming Officer.				

Office Use Only



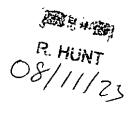
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COVER LETTER

SUBJECT: POCHY	Toplatabrs Lin	ited Liability Company	
	Amendment and fee(s) are subsidence concerning this matter		
	Antage For	Name of Person	
	 	Firm/Company	2023
	1010 FOST BOOT	N Street Address	
	Cawfordville, Fl	City/State and Zip Code	2023 AUG 1 1 PM 12: 40
	Mrtynfluttes 2	20 (Mi.), (M to be used for future annual report notifi	
For further information co	ncerning this matter, please ca	all:	
Antoine Ford	Person	at (<u>150</u>) <u>(188</u> – Area Code Daytime	Telephone Number
Enclosed is a check for the	e 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 Fec, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of Co	ection	Street Address: Registration Sec	

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

TO:

Registration Section
Division of Corporations

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

Mrty Inflatables "LLC"	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Con	appears on our records.) ipany)
The Articles of Organization for this Limited Liability Company were filed Florida document number 1230037221.	on August 8, 2023 and assigned
Fiorida document number Lastins Lastins.	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	any here:
Party City Toflatables " LLC"	
The new name must be distinguishable and contain the words "Limited Liability Company	v," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	2 DI
	023 1510
	DUG OTT
Enter new mailing address, if applicable:	
	- <u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	7 Co. 6
B. If amending the registered agent and/or registered office address or	our records, enter the name of the new registere
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	nter Florida street address
	Florida
City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
	which are site of freehouse are to a construct the de-
I hereby accept the appointment as registered agent and agree to act i provisions of all statutes relative to the proper and complete performa accept the obligations of my position as registered agent as provided f	nce of my duties, and I am familiar with and

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
			□Remove
			Change
			□Add
			□Remove
			DIVESION OF CORPORATIONS 2103 AUG 31 PM32: 40 Change
			Property Control of the Control of t
			□Change
			□Add
			□Remove
			□Remove
			□ Change
			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: __ (optional) (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 listed 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 \$2:01 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