Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

~: Phone : (307)200-2803

Fax Number

: (813)436-5206

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THE BOUNCY BOYS PARTY RENTAL LLC

Certificate of Status	0
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T. LEMIEUX

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Corporate Filing Menu

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp.	any as it now appears on our records.)		
(A Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company	were filed on 09/29/23	and ass	signed
Florida document number L23000452588			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and contain the words "Limited Liah		ine appreviation "L	. L.C .
Enter new principal offices address, if applicable: 7901 4TH ST N STE 300			
(Principal office address MUST BE A STREET ADDRESS)	ST. PETERSBURG, FL 33702		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		292	
	•	٠,	
B. If amending the registered agent and/or registered office	address on our records, enter the	name of the ne	w register
		<u> </u>	
agent and/or the new registered office address here:		5:	7)
agent and/or the new registered office address here:			
Name of New Registered Agent:			
		\sim	

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.

City

Zip Code

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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>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			[]Change
			□Add
		-	□Remove
			Change
			□Add
			□Remove
			TI Change
			∏Add
			□ Remove
			□Change
			□Add
			□Remove
			□Change
		,	[:]Add
			□Remove
			[]Change

Fax: 8134365206