124 (xxxx) (xxxx)

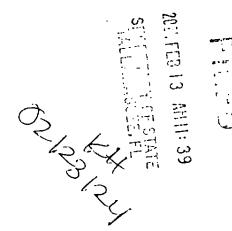
(Requestor's Name)
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Special Instructions to Filing Officer:
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COVER LETTER

TO:	Registration Se Division of Cor		gt	
	Tampa Pari	ty Bus LLC		
SUBJE	ECT:	Name of Lin	ited Liability Company	·· ·
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Jeffrey Lovizio		
		 	Name of Person	
		Tampa Party Bus LLC		
			Firm/Company	
		5100 little lake ct lot 18		
			Address	
		zephyrhills/florida 33542		Telephone Number S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) tion porations allahassee
			City/State and Zip Code	
		Tampapartybusllc@gmail.c		~ 1
		E-mail address: (to be used for future annual report notification)	SE SE
For fur	ther information c	oncerning this matter, please c	all:	FEB
jeffrey	lovizio		813 9976337 at ()	ω
•	Name o	f Person	Area Code Daytime Telephone Nur	nber COS F
Enclose	ed is a check for the	ne following amount:		
≣ \$2:	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certi (additional copy is enclosed) Certi	ficate of Status & fied Copy
	Mailing Addres		Street Address:	
	Registration S		Registration Section Division of Corporations	
	Division of C P.O. Box 632	•	The Centre of Tallahassee	
	Tallahassee,		2415 N. Monroe Street, Suit	re 810

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	nited Liability Compa	any as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited Florida document number L24000046017			
This amendment is submitted to amend the fo	llowing:		
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 Liabi	lity Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	5100 little lake ct	
(Principal office address MUST BE A STREET ADDRESS		lot 18	
		zephyrhills, FL 33542	
Enter new mailing address, if applicable:		5100 little lake ct	
(Mailing address MAY BE A POST OFFICE	E BOX)	lot 18	
		zephyrhills, FL 33542	CTI CO MATERIA
B. If amending the registered agent and/or		address on our records,	enter the name of the new registered
agent and/or the new registered office addr			III: 39
Name of New Registered Agent:	Jeffrey Lovizio)	<u> </u>
New Registered Office Address:	5100 little lake	,	
		Enter Florida street	address
	zephyrhills		, Florida <u>33542</u>
		City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Tomas Borter Day 1.1.C

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
Title MGR	Jeffrey Lovizio	5100 little lake ct	[]Add
		lot 18	□Remove
		zephyrhills, Fl 33542	■Change
			□Add
			□ Remove
			□Change
			□Add
			Remove
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ote: If the d		is block does n	ot meet the ap	oplicable statu			iling.) Pursuant to 60 date will not be lis	
record specit is filed.	fies a delayed effe	ective date, but	not an effect	ive time, at 12	::01 a.m. on the	earlier of: (b)	The 90th day aft	er the
ited			— ;	·	1			
			1/1/1	111				
		Signature o	of a member or	authorized renr	resentative of a r	nember		