L24000239716

(Requestor's Name)	
(Address)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	
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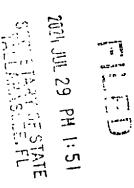
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7/31/24



COVER LETTER

TO: Registration S Division of Co			
	D EVENTS LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	STEVEN PANKRETIC		
		Name of Person	
	INFLATED EVENTS LL	С	
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	
	1731 ANGLE DR		
		Address	
	LONGWOOD, FL 32750		
	SPANKRETIC@GMAIL.0	City/State and Zip Code COM	
	_	(to be used for future annual report notification)	
For further information	concerning this matter, please c	call:	
STEVEN PANKRETIC		407 474-5353	
Name	of Person	at () Area Code Daytime Telephone Number	
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	# TO THE PERSON NAME OF THE PERS
Mailing Addre Registration Division of O P.O. Box 63 Tallahassee,	Section Corporations 27	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

INFLATED EVENTS 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 $\frac{05/23/2024}{2}$ ___ and assigned Florida document number L24000239716 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 "LLC." 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

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 it is 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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	STEVEN PANKRETIC	1731 ANGLE DRIVE	= Add
		LONGWOOD, FL 32750	□Remove
		- <u>-</u>	□ Change
MGR	DUANE A LEWIS	3909 CLIPSTONE PLACE	
		SANFORD, FL 32773	□Remove
		-	Change
		-	
			□ Remove
			□Change
			□Add
			□Remove
			☐Change
			Remove
			□ Add
			□Remove
			□Change

FEI/EIN NUMBER = 99-3				
-				
	05/00	(2024		
ective date, if other than th	e date of filing:	_	(option	
reffective date is listed, the date m te: If the date inserted in this	ast be specific and cannot be block does not meet the a	applicable statutory	or more than 90 days after fil filing requirements, this d	ing.) Fursuant to 605,020 late will not be listed:
rument's effective date on the				
				(2 N
cord specifies a delayed effect	ive date, but not an effec	tive time, at 12:01 a	.m. on the earlier of: (b)	
s filed.				
JULY 26	2024			29
ed		·		SO PA
	Signature of a member of			

Typed or printed name of signee