## L24000299011

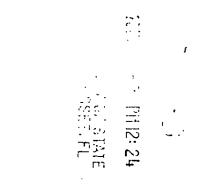
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03/01/24

## **COVER LETTER**

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TO: Registration Section

Tallahassee, FL 32314

Division of Cor	porations		
SUBJECT: THE		MANY LLC ted Liability Company	
The enclosed Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	CHRI	STA WAHLINS Name of Person	<del></del>
		Pirm/Company	
	15552	SANDFIELD LOOP	
	Winter GAR	City/State and Zip Code	<u>M</u>
		+ company @ amail - to be used for future annual report noti	PHI2: 24
For further information c	oncerning this matter, please ca	all:	
CHrista Wad	kins f Person	at (324 ) 200 Area Code Daytim	- 6725 e Telephone Number
Enclosed is a check for the	ne 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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration Se	ction
Division of C	Corporations	Division of Cor	porations
P.O. Box 632		The Centre of T	ananassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE PARTY CAR (	lompany
	npany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Compar Florida document number <u>L2400 399011</u> .	ny were filed on July 3, 2024 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	ability company here:
	Party Carte and Co. LLC
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	: =
(Principal office address MUST BE A STREET ADDRESS)	
	PH 12
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ce address on our records, enter the name of the new registere
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Age	nt:

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
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Email address change to:	
Email address change to: info@partycarts	and co. con
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tive date, if other than the date of filing:	(optional)
ffective date is listed, the date must be specific and cannot be prior to date o	of filling or more than 90 days after filling.) Pursuant to 60:
If the date inserted in this block does not meet the applicable stated in the Department of State's records.	tutory lifting requirements, this date will not be list
·	
cord specifies a delayed effective date, but not an el	ffective time, at 12:01 a.m. on the earli
e 90th day after the record is filed.	
Ti a	
July 9 2004	
Mother	
Signature of a member or authorized re	presentative of a member