

L24 000 300 388

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

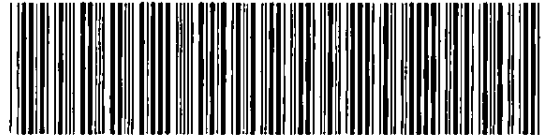
(Business Entity Name)

(Document Number)

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26/11/24 13:11:39

August 12, 2024

FRIENDS PARTY RENTALS LLC
Document Number L24000300388
724 SE 4TH TER #1
CAPE CORAL, FL 33990

Dear Sunbiz,

Please update my details as I cannot open an account with any bank because the company does not show the owner of the business.

I am sorry for the mistake, please add me on the page and update as soon as you can.

Thank you in advance.

If you have any questions, please contact me to email:

anaroly1@gmail.com or phone nr. 239-328-6983

Ana Navarro

A handwritten signature in black ink, appearing to be 'AN' or 'ANNA' with a stylized flourish.



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

Detail by Entity Name

Florida Limited Liability Company
FRIENDS PARTY RENTALS LLC

Filing Information

Document Number L24000300388
FEI/EIN Number NONE
Date Filed 07/03/2024
Effective Date 07/03/2024
State FL
Status ACTIVE

Principal Address

724 SE 4TH TER
1
CAPE CORAL, FL 33990

Mailing Address

724 SE 4TH TER
1
CAPE CORAL, FL 33990

Registered Agent Name & Address

NAVARRO, ANA
724 SE 4TH TER
1
CAPE CORAL, FL 33990

Authorized Person(s) Detail

NONE

Annual Reports

No Annual Reports Filed

Document Images

[07/03/2024 -- Florida Limited Liability](#) [View image in PDF format](#)

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FRIENDS PARTY RENTALS LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANA NAVARRO

Name of Person

FRIENDS PARTY RENTALS LLC

Firm/Company

724 SE 4TH TER #1

Address

CAPE CORAL, FL 33990

City/State and Zip Code

anaroly1@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANA NAVARRO

239 3286983

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

Mailing Address:

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

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**

FRIENDS PARTY RENTALS 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 07/03/2024 and assigned
Florida document number 124000300388.

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 "L.L.C."

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

City

Florida

Zip Code

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.

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

[illegible]

(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)

If the record specifies a delayed effective date, but not an effective time, at 12:01 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

Ana Navarro
Typed or printed name of signer

Filing Fee: \$25.00