## N99000002240

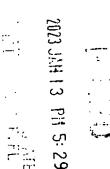
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION:                 | ARTY CITY FRANC        | THISE COMMITTI   | EE INC             |  |
|--------------------------------------|------------------------|--|--------------------|--|
| As as entalling a second at a second | 0002240                |  |                    |  |
| The enclosed Articles of Amendme     | nt and fee are submi   | tted for filing.   |                    |  |
| Please return all correspondence co  | ncerning this matter   | to the following:  |                    |  |
| DANA ZAIFERT                         |                        |  |                    |  |
|                                      | (1)                    | Name of Contact Pe   | rson)              |  |
| PARTY CITY FRANCHISE COM             | MITTEE INC             |  |                    |  |
|                                      |                        | (Firm/ Company   | )                  |  |
| 1027 WEST DORCHESTER DRIV            | /E                     |  |                    |  |
|                                      |                        | (Address)  |                    | 44   |
| SAINT JOHNS FL 32259                 |                        |  |                    |  |
|                                      | (C                     | ity/ State and Zip C   | lode)              |  |
| DANAZAIFERT@GMAIL.COM                |                        |  |                    |  |
| E-mail a                             | ddress: (to be used fo | or future annual repo  | ort notification   | 1)   |
| For further information concerning   | this matter, please ca | n:   |                    |  |
| DANA ZAIFERT                         |                        | at   | 904                | 716 6677   |
| (Name                                | of Contact Person)     |  | (Area Code)        | (Daytime Telephone Number)                                       |
| Enclosed is a check for the followin | g amount made paya     | ble to the Florida D   | epartment of       | State:   |
| ■ \$35 Filing Fee □\$43.<br>Cert     | ificate of Status      | \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | Certifi<br>Certifi | Filing Fee<br>cate of Status<br>ed Copy<br>ional Copy is<br>sed) |

Mailing Address

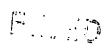
Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Street Address
Amendment Section Division of Corporations The Centre of Tallahassee -2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment Articles of Incorporation of



| PARTY CITY FRANCHISE COMMITTEE INC  |   | 2023 IAM LO DU                           |
|---|---|--|
| (Name of Corporation as currently filed with the F  | Iorida Dept. of State)                                      |  |
| N99000002240  |   | 2023 JAN 13 PH 5:                        |
| (Documen  | at Number of Corporation (if known)                         |  |
| Pursuant to the provisions of section 617.1006. Florida amendment(s) to its Articles of Incorporation:  | a Statutes, this Florida Not For Profit Co                  | orporation adopts the following          |
| A. If amending name, enter the new name of the co   | orporation:   |  |
| name must be distinguishable and contain the word "c<br>"Company" or "Co." may not be used in the name. | corporation" or "incorporated" or the ai                    | The new<br>hbreviation "Corp." or "Inc." |
| B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD     | PRESS )   |  |
| C. Enter new mailing address, if applicable:  |   |  |
| (Mailing address <u>MAY BE A POST OFFICE BO.</u>  |   |  |
| ). If amending the registered agent and/or register new registered agent and/or the new registered of   | ed office address in Florida, enter the office address:     | name of the                              |
| Name of New Registered Agent:   |   |  |
| New Registered Office Address:  | (Florida street ad  | ldress)                                  |
|   |   | , Florida                                |
|   | (City)  | (Zip Code)                               |
| ew Registered Agent's Signature, if changing Regishereby accept the appointment as registered agent. I  | stered Agent:<br>am familiar with and accept the obligation | ons of the position.                     |
|   | Signature of New Registered Agent,                          | if changing                              |

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doc is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

| Example:  X Change X Remove X Add                   | <u>PT</u> <u>V</u> <u>SV</u> | John Do<br>Mike Jo<br>Sally Si | ones   |  |
|---|------------------------------|--------------------------------|--|--|
| Type of Action<br>(Check One)                       | <u>Title</u>                 |                                | Name   | Address  |
| Change × Add  | VP                           | _                              | STEVE FRAM                                   | 1027 WEST DORCHESYTER DR<br>SAINT JOHNS FL 32259 |
| Remove  |                              |                                |  |  |
| 2) Change Add                                       |                              | _                              | JOHN GAFFNEY                                 |  |
| x Remove 3) Add Remove                              | <del></del>                  | <del>-</del>                   |  |  |
| 4) Change Add                                       |                              | _                              |  |  |
| Remove  |                              |                                |  | ,  |
| 5) Change Add                                       |                              | _                              |  |  |
| Remove  |                              |                                |  |  |
| 6) Change Add                                       |                              | -                              |  |  |
| Remove  |                              |                                |  | ···  |
| E. If amending or addin<br>(attach additional sheet |                              |                                | cles, enter change(s) here:<br>(Be specific) |  |
|   |                              |                                |  |  |
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|   |                                       |                  |          |                  |                      |
|   |                                       |                  |          |                  |                      |
| The date of each amendment(s) adoption:date this document was signed. |                                       |                  |          |                  | _, if other than the |
| Effective date <u>if applicable</u> :                                 |                                       |                  |          |                  |                      |
| (no m   | ore than 90 days af                   | ter amendment fû | le date) |                  |                      |
| Note: If the date inserted in this block does not                     | meet the applicable                   |                  |          | is date will not | be listed as the     |
| document's effective date on the Department of                        | State's records.                      | _                |          |                  |                      |

(CHECK ONE)

Adoption of Amendment(s)

| Dated     | 1/9/23  |
|-----------|---|
|           |   |
| Signature | Dow g/  |
|           | By the chairman $\phi$ vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) |
|           | DANA ZAIFERT  |
|           | (Typed or printed name of person signing)   |
|           |   |