

P07000125440

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

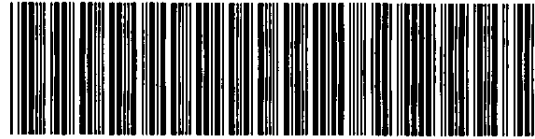
(Document Number)

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05/29/14--01015--003 **35.00

14 JUN 26 PM 3:29

FILED

Amend.
06/27/14
DC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

14 JUN 26 PM 12:39

FILED
RECEIVED
JUN 26 2014
TALLAHASSEE, FLORIDA

June 19, 2014

JORGE DELAFE
DELAPE PARTY RENTALS, INC
17101 SW 62 STREET
SW RANCHES, FL 33331

SUBJECT: DELAPE PARTY RENTALS, INC
Ref. Number: P07000125440

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

PLEASE CHECK ONLY ONE OF THE BOXES ON THE LAST PAGE OF THE DOCUMENT.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell
Regulatory Specialist II

Letter Number: 214A00013279

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: DELAPE PARTY RENTALS INC
DOCUMENT NUMBER: ~~PO 7000~~ PO 7000 125440

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JORGE DELAFE
Name of Contact Person
DELAPE PARTY RENTALS INC
Firm/ Company
17101 SW 62 ST
Address
SW RANCHES FL 33331
City/ State and Zip Code
DELAPEJ@Bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JORGE DELAFE at (305) 905-6913
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- ☒ \$35 Filing Fee
☐ \$43.75 Filing Fee & Certificate of Status
☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

Mailing Address

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

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation

DELAKE PARTY RENTALS. INC

(Name of Corporation as currently filed with the Florida Dept. of State)

PO 7000 125440

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

N/A

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

N/A

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

N/A

(Florida street address)

New Registered Office Address:

N/A

(City)

Florida

(Zip Code)

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

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

N/A

Signature of New Registered Agent, if changing

14 JUN 26 PM 3:29

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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 Doe 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 PT John Doe
X Remove V Mike Jones
X Add SV Sally Smith

Type of Action
(Check One)

Title

Name

Address

- | | | | |
|--|------------|---------------------|--|
| 1) <input type="checkbox"/> Change
<input type="checkbox"/> Add
<input checked="" type="checkbox"/> Remove | <u>SEC</u> | <u>JOLIE DELAFE</u> | <u>17101 SW 62nd</u>
<u>SW Ranches FL</u>
<u>33331</u> |
| 2) <input type="checkbox"/> Change
<input checked="" type="checkbox"/> Add
<input type="checkbox"/> Remove | <u>SEC</u> | <u>JORGE DELAFE</u> | <u>17101 SW 62nd</u>
<u>SW Ranches</u>
<u>FL 33331</u> |
| 3) <input type="checkbox"/> Change
<input type="checkbox"/> Add
<input type="checkbox"/> Remove | _____ | _____ | _____ |
| 4) <input type="checkbox"/> Change
<input type="checkbox"/> Add
<input type="checkbox"/> Remove | _____ | _____ | _____ |
| 5) <input type="checkbox"/> Change
<input type="checkbox"/> Add
<input type="checkbox"/> Remove | _____ | _____ | _____ |
| 6) <input type="checkbox"/> Change
<input type="checkbox"/> Add
<input type="checkbox"/> Remove | _____ | _____ | _____ |

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)

N/A

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

N/A

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

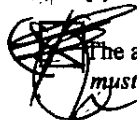
Adoption of Amendment(s)

(CHECK ONE)



The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

← SORRY
This one
is



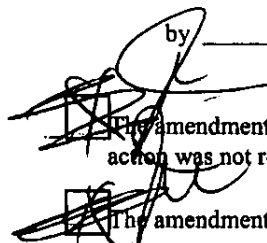
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by

Over 8

(voting group)



The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated

5.26.14

Signature

Joliet DeLafe

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

JOLIET DELAFE

(Typed or printed name of person signing)

President

(Title of person signing)