

P120000012639

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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Division of Corporations
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****Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please**

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**COR AMND/RESTATE/CORRECT OR O/D RESIGN
ALULY'S FUN PARTY RENTAL CORP**

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APR 27/13

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



August 27, 2013

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ALULY'S FUN PARTY RENTAL CORP
7728 NW 198 TERRACE
MIAMI, FL 33015

SUBJECT: ALULY'S FUN PARTY RENTAL CORP
REF: P12000012639

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

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

Annette Ramsey
Regulatory Specialist II

FAX Aud. #: H13000189859
Letter Number: 413A00020347

RECEIVED

13 AUG 27 PM 12:18

REGULATORY SPECIALIST II
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

From:

08/27/2013 11:10

#775 P.002/002

FILED

2013 AUG 27 PM 4:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

ALULY'S FUN PARTY RENTAL CORP

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

P12000012639

(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:

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)**

2221 UTOPIA DR
MIRAMAR, FL. 33023

**C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)**

2221 UTOPIA DR
MIRAMAR, FL. 33023

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 REMBRANDT COCA

2221 UTOPIA DR

(Florida street address)

New Registered Office Address: MIRAMAR, Florida 33023
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent, am familiar with and accept the obligations 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 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, SY as an Add.

Example:

☒ Change PT John Doe
☐ Remove V Mike Jones
☐ Add SY Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	PRES	JAVIER GIL	7728 NW 198 TERRACE
<input type="checkbox"/> Add			MIAMI, FL. 33015
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	PRES	REMBRANDT COCA	2221 UTOPIA DR
<input checked="" type="checkbox"/> Add			MIRAMAR, FL 33023
<input type="checkbox"/> Remove			
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			

1

[The following section contains faint horizontal lines, likely representing redacted information or bleed-through from another page.]

The date of each amendment(s) adoption: 08/23/2013, if other than the date this document was signed.

Effective date if applicable: 08/23/2013
(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.

☐ 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

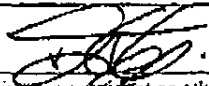
by _____
(voting group)

☐ 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 08/23/2013

Signature


(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)

JAVIER GIL

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)