

(R	equestor's Name)		
(A	ddress)		
(A	ddress)	<u>-</u>	
(C	ity/State/Zip/Phone #	7)	
PICK-UP	☐ WAIT	MAIL.	
(Business Entity Name)			
(0	ocument Number)		
Certified Copies	Certificates o	f Status	
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## COVER LETTER

**Division of Corporations** NAME OF CORPORATION: Rumor Has It Party Rentals & Events, Inc. DOCUMENT NUMBER: <u>P/4000063/2</u> The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (5) O Vanni Fernandez
Name of Contact Person Firm/ Company 2210 N.W. 82nd Ave Miami, FL 33/22 City/ State and Zip Code into ORHIRestal.com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & □\$52.50 Filing Fee □\$43.75 Filing Fee & \$35 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is (Additional Copy enclosed)

Mailing Address

TO: Amendment Section

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

is enclosed)

## · Articles of Amendment to

## Articles of Incorporation

of

Kumor Has It Party Kente	v filed with the Flor ida Dept. of State)
(Name of Corporation as current)	v flied with the Pio: Ida Dept. of State)
(Document Number of	f Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporatio "Corp" "Inc" or Co" or the designation "Corp." "Inc," or word "chartered," "professional association," or the abbreviation "B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Co . A projessional corporation name mass comain the
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OF FICE BOX)	N/A 5: 12
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres  Name of New Registered Agent	ress in Florida, enter the name of the s:
(Florida st New Registered Office Address:	rect address), Florida (City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar  Signature of New	t: with and accept the obligations of the position.  Registered Agent, if changing
·	

If amending the Officer's 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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	D	Piedra Enterprises 1, LLC	137 Rosales Ct. Coval Gables, Fl 33143
VAdd		·	Coxal Gables, Fl 33143
Remove			
2) Change			
Add			<del></del>
Remove			
3 ) Change		<del></del>	
Add			
Remove			<del></del>
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			<del></del>
6) Change			<del></del>
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here:  (Attach additional sheets, if necessary). (Be specific)	
	<u>.</u>
	_
	<u> </u>
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	<del></del>
hand makes Greation of congulation of issued shares	
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	
	<u>-</u> .
	<u>-</u>

The date of each amendment(s) adoption:	, if other than the
late this document was signed.	
Effective date if applicable: (no more tha	n 90 days after amendment file date)
Note: If the date inserted in this block does not meet the ap document's effective date on the Department of State's records	plicable statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders, by the shareholders was/were sufficient for approval.	The number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders must be separately provided for each voting group entitled	through voting groups. The following statement to vote separately on the amendment(s):
"The number of votes east for the amendment(s) was	
by(voting group)	"
☐ The amendment(s) was/were adopted by the board of direct action was not required.	tors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators action was not required.	without shareholder action and shareholder
action was not required.	
Dated9/28/13	
	<u> </u>
Signature  (By a director, prostuent or other	officer - if directors or officers have not been
selected, by an incorporator if	n the hands of a receiver, trustee, or other court
appointed fiduciary by that fiduc	_
Con	overni feurendaz
(Typed or prin	nted name of person signing)
	Director
Т)	itle of person signing)