Paa000013797

		
(He	equestor's Name	∍)
(Ad	ldress)	
(Ad	idress)	-
(Cit	ty/State/Zip/Pho	ne #)
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Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: FOAMTASTIC PA	ARTY RENTALS INC			
	ER: P22000013797				
	of Amendment and fee are su				
Please return all corres	pondence concerning this ma	atter to the following:			
;	PATTI MOSCOW				
-		Name of Contact Person	1		
	JAMES ALLEN TAX & ACCOUNTING INC				
-		Firm/ Company			
	2108 E. EDGEWOOD DRIVE				
-	Address				
1	LAKELAND, FLORIDA 33803				
-	City/ State and Zip Code				
1	PMOSCOW@GMAIL.COM	I			
-	~	sed for future annual report	notification)		
For further information	concerning this matter, plea	se call:			
LUCIA GUSMEROTT	TI .	at (<u>352</u>	300-4076		
Name of Contact Person Area G		Area Co	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:		
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□S52.50 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

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FOAMTASTIC PARTY RENTALS INC

(Name of Corporation	as currently filed with	the Florida Dept. of Sta	te) Table to
P22000013797		• • •	
(Documen	t Number of Corporatio	n (if known)	
Pursuant to the provisions of section 607.1006. Florida Stits Articles of Incorporation:	tatutes, this <i>Florida Pro</i> j	fit Corporation adopts the	e following amendment(s) to
A. If amending name, enter the new name of the corp	oration:		
I LOVE LUCY CATERING SERVICES INC			The new
name must be distinguishable and contain the word "corp "Inc.," or Co.," or the designation "Corp," "Inc," o "chartered," "professional association," or the abbrevia	or "Co". A profession		bbreviation "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	<u>ESS</u>)		
			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
D. If amending the registered agent and/or registered new registered agent and/or the new registered off	office address in Flori	da, enter the name of th	<u>e</u>
Name of New Registered Agent			
- 1,,,	(Florida street address)	· · · · ·	
New Registered Office Address:		, Florida	1
	(City)		(Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I as		ept the obligations of the p	vosition.
Signatu	re of New Registered Ag	ent, if changing	

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doe	
X Remove	\underline{V}	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
i) Change		<u> </u>	
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	ding additional Arti		s) here:		
Attach additional s	cheets, if necessary).	(Be specific)			
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f an amendment	provides for an exch	iange, reclassificatio	on, or cancellation	of issued shares.	
provisions for im	<u>plementing the ame</u>	ndment if not conta	ined in the amend	ment itself:	
(if not applica	ble, indicate N/A)				
					
				<u>-</u>	
-					
				· -	-

3/18/24
The date of each amendment(s) adoption:, if other than t
date this document was signed.
3/18/24
Effective date if applicable: (no more than 90 days after amendment file date)
(no more than 20 days after amenament fae date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
☐ 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
hor.
by
3/18/24
Dated
Signature Lucia Gusmerotti
(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)
LUCIA GUSMEROTTI
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)