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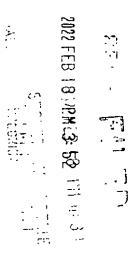
	(Requestor's Name)
,	(Address)
	(Address)
	(City/State/Zip/Phone #)
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COVER LETTER

TO: Registration Se Division of Cor		-	,
SUBJECT:		Academy.	LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Sele	Name of Person	
		Firm/Company	
	PoBo	X /	
	Howley 11 Selena E-mail address: (1	City/State and Zip Code hoyos @gmo	234737 W.COM
For further information co	oncerning this matter, please ca	all:	
Selena Name of	HOYOS	at (<u>400)</u> <u>408 </u>	1969 Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	D \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

المساقية المساقية

(A Florida Limited I	
The Articles of Organization for this Limited Liability Company Florida document number <u>L/500/84</u> 2.6	were filed on $10/29/2015$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab Like Dance Master The new name must be distinguishable and contain the words "Limited Liab!	Y LLC
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	100 S. Palm Ave Howey in the Hills, Fi 34737
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. BOX/ Howey in the Hills, Fr. 34737
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
	una Hoyos
New Registered Office Address:	OS, PalmAve Enter Florida street address
	10 Hu HIS Florida 34737 City Zip Code

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

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Alberto Hoyas	P.O. BOXI	🗆 Add
		Howey in the Hills	□Remove
		FL 34737	(FChange
AMBR	Selena Hoyos	P.O.BOXI	□Add
		Howey in the Hills	□Remove
		FL. 34737	DChange
AMBR	Julie York	P.O.BOXI	□Add
		Howeyinthe Hills	□Remove
		FL 34737	&Change
			□Add
			□Remove
			□Change
			□Add
•			□Remove
			□Change
			□Remove
			☐Change

_	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
	
	
(If an effective da Note: If the d	e, if other than the date of filing:
ord is filed.	ies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	ebnary 18 . 2022
	Selena House Signature of a member or authorized representative of a member Selena Hoyas Typed or printed name of signee
	Polance Houses
	Cyned or printed name of signee

Filing Fee: \$25.00