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SUCHETARY OF STAIL CHE CIVISION OF CORPORATIONS



COVER LETTER

DANCEHUBS LLC	
Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Michael Barbieri	
Name of Person	
DANCE ZONE APP, LLC	
Firm/Company	
10685 E. COLONIAL DR.	
Address	
ORLANDO FLORIDA 32817	
MINEGOALOAORLANDO.COM	
For further information concerning this matter, please call:	-65 91,
For further information concerning this matter, please call: MICHAEL BARBIERI 407 721-0204	CORPORATIONS
Name of Person Area Code Daytime Telephone Number	-75 - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10
Enclosed is a check for the following amount:	
■ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee.	
Certificate of Status Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address: Street Address: Registration Section Registration	

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

TO:

Registration Section Division of Corporations

> 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

DANCEHUBS LLC				
(Name of the Limit	ted Liability Compa (A Florida Limited I	ny as it now appears on our rec Liability Company)	cords.)	
The Articles of Organization for this Limited L. Florida document number 1.19000301673		were filed on DEC 11. 2019	and a	ssigned
This amendment is submitted to amend the foll	owing:			
a. If amending name, enter the new name o	f the limited liab	ility company here:		
DANCE ZONE APP LLC				
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "	LLC" or the abbreviation "	L.L.C."
Enter new principal offices address, if applic	cable:	10685 East Colonial Dr.		0
Principal office address MUST BE A STREET ADDRESS		Orlando, FL 32817		VISI
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		10685 East Colonial Dr.		ARY OF OFFICERED
		Orlando, Fl. 32817		2 語
				5 5
3. If amending the registered agent and/or agent and/or the new registered office addre			iter the name of the n	ew registe
Name of New Registered Agent:		···	_	_
New Registered Office Address:	10685 East Col			
		Enter Florida street ad		
	Orlando		, Florida	
		City	Zip Coo	le

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, <u>enter the title, name, and address of each person_being added or removed from our records:</u>

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	PANAGHIS NERANTZINIS	620 VENICE PL., SANFORD, FL 32771	= Add
			= Add
			□ Remove
			□Change
			
			□ Remove
			□ Change
			□Add
			CIVISION 2028 Anoven
			SPAN OF CORPORATIONS RECORD - LangePORATIONS Change - Lange - L
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(If an effective Note: II	e date, if other than the date of filing:	to 605.0 pe listed	0207 (3)(t d as the
f the record record is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m., on the earlier of: (b) The 90th dad.	y after	the
Dated _	Sept 27th 2023		
	Signature of a member or authorized representative of a member	—	

Typed or printed name of signee