

LA0000268851

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

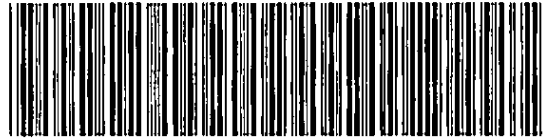
(Business Entity Name)

(Document Number)

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R. WHITE
MAY 12 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Zero Gravity Dance Center
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:

Gabriella Vann
Name of Person

Zero Gravity Dance Center
Firm/Company

20791 Three Oaks Pkwy P.O. Box #1305
Address

Estero FL 33929
City State and Zip Code

zgdc.director@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gabriella Vann at 305 394-2630
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$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

Zero Gravity Dance Center LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 8/28/2020 and assigned Florida document number L20000268851.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

20791 Three Oaks Pkwy
P.O. Box #1305
Estero FL 33929

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Gabriella Vann

New Registered Office Address:

20791 Three Oaks Pkwy P.O. Box #1305
Enter Florida street address

Estero

City

Florida

33929

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.

Gabriella Vann

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Gabiella Olsen	4445 Kings Barn Ct	<input type="checkbox"/> Add
		#103 Ft Myers FL 33916	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Gabiella Vann	20791 Three Oaks Pkwy	<input checked="" type="checkbox"/> Add
		P.O BOX #1305 ESTERO	<input type="checkbox"/> Remove
		FL 33929	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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