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SECRETARY OF STATE
ALLAHASSEE FLORIDA

S. HAWKES

NOV 1 0 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Club Dance Crystal Balleon 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:
Keun MARONE
Lub DANCE Ceystal Ballecon Firm/Company
3700 NEST Indian River Drive
Jesser Bch 7, 34957 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Same as above at (772) 334-4900 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$55.00 Filing Fee & \text{Certified Copy} &

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
	MARC BERGN	3700 NE Indian Ruer DR Densem Ach Fla 3487	Add Remove
Manager	LEUIN MAPONE	SAME as above	Add Remove
			Add Remove
		SECRE LL AH	Add Remove
		ARY CT	b I I I I I I I I I I I I I I I I I I I
		A P	Add Remove
D. If amendin	ng any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	_
			_
. 			-
Dated _//-	Ver	Marie	
_	Signature of a member of the second s	or authorized representative of a member MACOWIE r printed name of signee	

Page 2 of 2

Filing Fee: \$25.00