

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

1 (850) 617-6383

From:

Account Name

1 LEGALZOOM.COM INC

Account Number : I20010000062

Phone

: (323)962-8600

Fax Number : (323)962-3889

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:		
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ART POLE DANCE COMPANY, LLC

11
04
\$55.00

Electronic Filing Menu

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Help

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Art Pole Dance Company, LLC	
(Name of Limited Liability Company)	
The snolosed Articles of Amendment and fee(s) are submitted for filling.	
Please return all correspondence concerning this matter to the following:	
Barbara Dang	
(Name of Parson)	
Legalzoom.com, Inc.	
(Firm/Company)	
100 W. Broadway Suite 100	
(Address)	
Glendale, CA 91210	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Barbara Dang at (323) 962-8600 (Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahasses, FL 32314 STREET/COURIER ADDRESS: Registration Section Division of Corporations Cilfron Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Art Pole Dance Company,	LLC	
(Name of the Limite)	Lightity Company as it now appears A Plorida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited I	iability Company were filed on 06/0	03/2011 and assigned
Florida document number <u>L11000064995</u>		
This amendment is submitted to amend the following	lowing:	
A. If amending name, enter the new name o	of the limited liability company here	
The new name must be distinguishable and end will.L.C."	th the words "Limited Liability Compan	y," the designation "LLC" or the abbreviation
B. If amending the registered agent and registered agent and/or the new registered o	'or registered office address on ou ffice addr <u>ess here</u> :	or records, enter the name of the new
Name of New Registered Agent:	Elizabeth Nunez	Wing -
New Registered Office Address:	1784 NE 163rd Street	
	(Ent	er Florida street address
	North Miami Beach	, Florida 33612
	(Clty)	(Zlp Code)
		C S S
New Registered Agent's Signature, if changing		
I hereby accept the appointment as registere the provisions of all statutes relative to the p accept the obligations of my position as regi being filed to merely reflect a change in the company has been notified in writing of this	roper and complete performance of stered agent as provided for in Cha registered office address, I hereby (f my duties, and I am familiar with and opter 608, F.S. Or, if this document is

Elizabeth Nunez

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = M: MGRM = 1	anager Managing Member		
Title	Name	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
	 -		Add Remove
			Add Remove
			Add Remove
). If amen	ding any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	_
_			
	17. 7 /.		- -
Dated	Standards of a member of	or authorized representative of a member	
	ELIZABETH NUNEZ		
	Typed o	or printed name of signee	

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Filing Fee: \$25.00