## L11000070136

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(B	Business Entity Name)	
(C	Ocument Number)	
Certified Copies	Certificates of Statu	os
Special Instructions to	o Filing Officer:	$\overline{}$
	Mar	c
	Mr	
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Office Use Only



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M. MILLIGAN OCT 12 2017,

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

17 OCT 10 MA 11. 49

LA JOLLA BALLROOM ELC	· · · · · · · · · · · · · · · · · · ·
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <a href="https://limited.com/limited.c&lt;/th&gt;&lt;th&gt;were filed on JUNE 15, 2011 and assigned&lt;/th&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;This amendment is submitted to amend the following:&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;A. If amending name, enter the new name of the limited liab&lt;/td&gt;&lt;td&gt;ility company here:&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;N/A&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;The new name must be distinguishable and contain the words " liabi<="" limited="" td=""><td>lity Company," the designation "LLC" or the abbreviation "L.L.C."</td></a>	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	N/A
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her  Name of New Registered Agent:  New Registered Office Address:	<u>e</u> :
	Enter Florida street address

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Af 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	<u>Address</u>	Type of Action
MGRM	CARLOS EKMEIRO	11048 NW 72 TERR	Add
		DORAL, FL 33178	■ Remove
			☐ Change
MGRM	DILIA TOMMASSETTI	5490 NW 113 CT	_ <b></b> Add
		DORAL, FL 33178	□ Remove
			☐ Change
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lf an ei <u>Note:</u>	ive date, if other than the date of filing:  (optional)  ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursu  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will need a effective date on the Department of State's records.		
ne re The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the 90th day after the record is filed.	ne earlie	er of:
Dated	10-05-2017 . Hasund		
	11tm a 45	17	014
	Signature of a member or authorized representative of a member	130	SION
	PASCUAL TOMMASSETTI	010	91.5 91.5 91.5
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	Typed or printed name of signee		- <del>2</del> 5
	Typed or printed name of signee	04 :11 BW	reca.

Filing Fee: \$25.00