

L12 0000 H06 H9

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

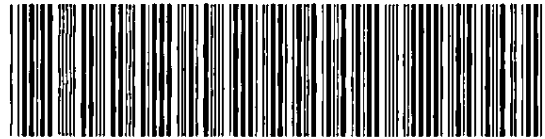
(Business Entity Name)

(Document Number)

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2024 AUG 30 PM 3:14  
SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Dancing Jim 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:

James Helmich

Name of Person

Dancing Jim LLC

Firm/Company

3919 Freedom Ave

Address

Sarasota, FL 34231

City/State and Zip Code

ballroomcity@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James Helmich

941

7260569

at ( )

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

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2024 AUG 30 PM 3:44  
SECRETARY OF STATE  
TALLAHASSEE, FL

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
Of**

(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 03/23/2012 and assigned Florida document number L12000040649

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)

3807 S. Tuttle Ave.  
Sarasota, FL 34239

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

3919 Freedom Ave.  
Sarasota, FL 34231

**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:

New Registered Office Address:

Enter Florida street address

Florida

City

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.*

is 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          | Cervila, Junior   | 8325 38th Street Circle East #106 Sarasota, FL 34243 | <input checked="" type="checkbox"/> Remove |
|              |                   |  | <input type="checkbox"/> Change            |
| AMBR         | Garcia, Guadalupe | 8325 38th Street Circle East #106 Sarasota, FL 34243 | <input checked="" type="checkbox"/> Remove |
|              |                   |  | <input type="checkbox"/> Change            |
|              |                   |  | <input type="checkbox"/> Add               |
|              |                   |  | <input type="checkbox"/> Remove            |
|              |                   |  | <input type="checkbox"/> Change            |
|              |                   |  | <input type="checkbox"/> Add               |
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|              |                   |  | <input type="checkbox"/> Change            |
|              |                   |  | <input type="checkbox"/> Add               |
|              |                   |  | <input type="checkbox"/> Remove            |
|              |                   |  | <input type="checkbox"/> Change            |
|              |                   |  | <input type="checkbox"/> Add               |
|              |                   |  | <input type="checkbox"/> Remove            |
|              |                   |  | <input type="checkbox"/> Change            |

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TALLAHASSEE, FL

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated August 22nd 2024

James Helmich  
Signature of a member or authorized representative of a member

James Helmich  
Typed or printed name of signer

**Filing Fee: \$25.00**