# L12000140107

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(Address)					
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SECRETARY OF STATE OLYTSION OF CORFOR ATTOMS

C. LEWIS
DEC 1 8 2012
EXAMINER

## COVER LETTER

TO: * Registration Se Division of Cor			
SUBJECT: Ambiar	nce Dance Studio, L	LC	8
SOBJECT:	(Name of Limi	ted Liability Company)	<del></del>
	Amendment and fee(s) are sub-	-	
Please return all correspo	ndence concerning this matter	to the following:	
	Isabelle Pailleret		
·		(Name of Person)	
	Ambiance Dance Studio		
		(Firm/Company)	
	2000 N. Estrella Court #2		<del></del>
		(Address)	
	Palm Beach Gardens, FL		
		(City/State and Zip Code)	
For further information c	oncerning this matter, please or	all:	
Isabelle Pailleret		at (_201) 925-8797	
(Name o	of Person)	(Area Code & Daytime T	'elephone Number)
Enclosed is a check for the	ne 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/COURIER ADDRESS:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FICED SECRETARY OF STATE DIVISION OF CORPOGRADIONS

2012 DEC 17 PM 3: 48

Ambiance Dance Studio, LLC			
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our record liability Company)	<u>(s.)</u>	
The Articles of Organization for this Limited Liability Company	were filed on 11/05/2012	and assigned	
Florida document number L12000140107			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the designa	tion "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	1023 North Dixie Highway		
(Principal office address MUST BE A STREET ADDRESS)	West Palm Beach, FL 33401		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
Interesting wastering Party Data 1 Out Of The Doctor			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		nter the name of the new	
Name of New Registered Agent:	·		
New Registered Office Address:	(Enter Florida str	eet address)	
	, Flori		
	(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 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 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 = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM <b>WWORKA</b>	Camilo Febus	2000 N. Estrella Ct #203	<b>m</b> ✓ Add
		Palm Beach Gardens, FL 33410	Remove
			Add Remove
	•		
			Add Remove
			<del>-</del>
			Add Remove
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			Add Remove
D. If amend	ling any other information, enter	change(s) here: (Attach additional sheets, if necessary.)	100 2002 2003 2003
			SECRETARY BECATOR
<del></del>			T CONTROLL
			T PH 3: W
			3: 1-8
<u></u>	- /		_
Dated	2/10	2012	
	Signature of a	member or authorized representative of a member	
	Isabelle Pailleret	Turned or refused name of class	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00