

L12000 156366

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

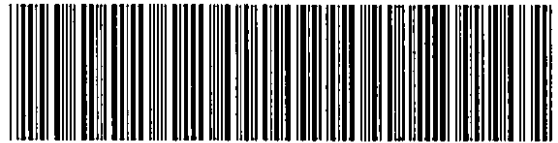
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/24/20 --01008--014 **25.00

20 APR 24 AM 11:32

Amend

MAY 11 2020

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MIARI DANCEWEAR, LLC
Name of Limited Liability Company

20 APR 24 AM 11:32

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ariana Probinsky
Name of Person
MIARI DANCEWEAR, LLC
Firm/Company
5661 Piccolo Street
Address
Nokomis, Fla. 34275
City/State and Zip Code
ariana@miari.us
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ariana Probinsky at (941) 223-2319
Name of Person Area Code Daytime Telephone Number
or (646) 660-1955

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

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

MIARI DANCEWEAR, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

20 APR 21
AM 11:28

The Articles of Organization for this Limited Liability Company were filed on 11/30/12 and assigned

Florida document number L12000150366

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)

5661 Piccolo Street
Nokomis, Fla. 34275

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5661 Piccolo Street
Nokomis, Fla. 34275

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

City, Florida 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.

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

MGRM		Susan Probinsky		745 Shakett Creek Drive		<input type="checkbox"/> Add
				Nokomis, Fla. 34275		<input checked="" type="checkbox"/> Remove
						<input type="checkbox"/> Change
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Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 4/21/20

Signature of a member or authorized representative of a member

Brent Probinski, Coop representative

Typed or printed name of signer

registered agent
Attorney,

Filing Fee: \$25.00