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EXAMINER

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: Abby	1's Performi Name of Lim	ng Arts Coachi	ing, LLC
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon-	dence concerning this matter	to the following:	
	Abby Pan	talone Name of Person	
	Abby's Perfo	ming Arts Coad	ring_
	1200 Town	Center DR #11	
	Jupiter, Fi	23458 City/State and Zip Code	L. Com
	abbysperto.	Rmingcerts @ Gmai	L. Com
For further information cor	ncerning this matter, please ca		ication)
Ahby Pant Name of	alone	at (561) 307 Area Code Daytime	·
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)
Registrat Division P.O. Box	NG ADDRESS: ion Section of Corporations : 6327 see, FL 32314	STREET/COURI Registration Section Division of Corpora Clifton Building 2661 Executive Cen	n ations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ABBYS PERFORM	NG AR	ts (oaci	Hing LLC.	
ABBYS PERFORM, (Name of the Limited Liah (A Flor	oility Compar ida Limited L	ny as it now appea liability Company)	ors on our records.)	
The Articles of Organization for this Limited Liability Florida document number <u> りしっえし84474</u>	Company	were filed on	02/05/2013	and assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the li	mited liabi	lity company h	<u>iere</u> :	
Abacaa Penforming Art The new name must be distinguishable and contain the words "L	rs Aca	demy, L	LC	
The new name must be distinguishable and contain the words "L	imited Liabili	ity Company, the	designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		N/a_		· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET ADI	DRESS)			हिं। हिं
				00 00 00
				. <u>1</u>
Enter new mailing address, if applicable:		Na		3771
(Mailing address MAY BE A POST OFFICE BOX)		/		co '
			;	24
B. If amending the registered agent and/or regregistered agent and/or the new registered office ac			n our records, <u>enter</u>	the name of the nev
	7-7-			
New Registered Office Address:		Enter Flo	orida street address	
			F1 11	
		Ciţy	, Florida	Zip Code
New Registered Agent's Signature, if changing Register	red Agent:			
I hereby accept the appointment as registered ager provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this chang	complete agent as p ered office	performance of provided for in	f my duties, and I am fo Chapter 605, F.S. Or,	amiliar with and if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added</u> <u>or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
N/a	Na	N/a	
			Remove
			Change
			□ Remove
			□:Change
			U:Change
			☐ Remove
			Add
			□ Remove
			Change
			□ Remove
			Change
			
			□ Remove
			Change

N/a.	
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	<u>इ</u>
rective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be prior to date of filing te; If the date inserted in this block does not meet the applicable statutory cument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effecti he 90th day after the record is filed.	ive time, at 12:01 a.m. on the earlier
ed August 30 . 2018.	
ed Airgust 30 2018 (ally L Pantafoxo Signature of a member of authorized representation of a member	ntative of a member
Abby L. PantaLONE Typed or printed name of sign	

Page 3 of 3

Filing Fee: \$25.00