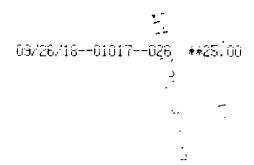


(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status

Special Instructions to Filing Officer:
Special instructions to raining officer.

Office Use Only







COVER LETTER

TO: Registration Season of Con			
SUBJECT: <u>ABC</u>	2000 PERFORM Name of Lim	NING ARTS AC	ademy, UC
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Abby	Panta WnF Name of Person	
	Abacoa	Performing Ar	ts Academy, LLC
	1200 Town	Center Dr #11	
	Jupiter	FL 33458 City/State and Zip Code	
	ABBYSPERFO	or Mingarts @ Gmail to be used for future annual report noti	com
For further information of	concerning this matter, please c	all:	
Abby Pa	ntalona of Person	at (50) 307- Area Code Daytim	5100 e Telephone Number
Enclosed is a check for t	he 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

Miss

Abara Perfo (Name of the Limited)	RMINA F Liability Compan Florida Limited L	ACACLUM ACACULATE ACACULAT	n our records.)	
The Articles of Organization for this Limited Liab Florida document number 46-21844	ility Company (were filed on <u>D</u> .	2/05/2013	and assigned
A. If amending name, enter the new name of the ABBY'S PERFORMING ARTS The new name must be distinguishable and contain the word	e limited liabi			reviation "L.L.C."
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A		Na		·m·
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>	Na		
B. If amending the registered agent and/or registered agent and/or the new registered office			ur records, <u>enter t</u>	he name of the new
Name of New Registered Agent: New Registered Office Address:	Na	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

If 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 **Type of Action Title** <u>Name</u> **Address** \square Add ☐ Remove _□ Change \square Add ☐ Remove □ Add ☐ Remove _□ Change □ Add _□ Remove ☐ Change □ Remove ☐ Change \square Add ☐ Remove

☐ Change

_	
_	
_	
_	
_	
_	
_	
_	
_	
-	
Tectiv un effec	re date, if other than the date of filing:
	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nt's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
ited _	September 24. 2018.
	September 24. 2018. Ally L Partalona Signature of a member or authorized representative of a member
	()

Page 3 of 3

Filing Fee: \$25.00