13000094187

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TALL SECRETARY OF STATE AHASSEE FLORIDA

J. HARRIS

COVER LETTER

TO:		istration Sec ision of Corp				
CIID II	CT.	DO YOU W	ANNA DANCE, LLC			
SUBJE	sci;		Name of Lim	ited Liability Company		
The en	closed	Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please	return	all correspor	ndence concerning this matter	to the following:		
			Michael J. Faehner, Esq.			
				Name of Person		
			M. Faehner, Esq., LLC			
Firm/Company						
			600 Bypass Drive, Suite 10	00		
			· · · · · · · · · · · · · · · · · · ·	Address		
			Clearwater, FL 33764			
				City/State and Zip Code		
			filings@mfaehner.com			
			E-mail address: (to be used for future annual repo	ort notification)	
For fur	ther in	formation co	ncerning this matter, please ca	all:		
Micha	el Fael	hner		727 443-5 at ()		
•		Name of	Person	Area Code I	Daytime Telephone Number	
Enclose	ed is a	check for the	e following amount:			
■ \$2:	5.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	Certificate of Status & Certified Copy (additional copy is enclose	

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

DO YOU WANNA DANCE, LLC		
(Name of the Limited Liability Comps (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on <u>07/01/2013</u>	_ and assigned
Florida document number L13000094187		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liah</u>	oility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbrev	viation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		= =
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	\$ 2.50 \$	
Enter new mailing address, if applicable:	- m	
Mailing address MAY BE A POST OFFICE BOX)	, -1 71	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	Lorio	S 6 C
	IO A	F %
 If amending the registered agent and/or registered or registered agent and/or the new registered office address her 		e name of the nev
egistered agent and/or the new registered office address ner	<u>c</u> .	
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.

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Candyman Management, LLC	468 4TH AVENUE SOUTH	Add
		ST PETERSBURG, FL 33701	☐ Remove
			☐ Change
MGR	REPKO, ROBERT	468 4TH AVENUE SOUTH	
		ST PETERSBURG, FL 33701	■ Remove
			☐ Change
			Add
			Remove
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ective date, if other than effective date is listed, the date te: If the date inserted in the ument's effective date on the	is block does not n	neet the applicabl	date of filing or mo e statutory filing	re than 90 days after requirements, th	ional) er filing.) Pursua is date will no	ant to 605.03 ot be listed
record specifies a dela			an effective ti	me, at 12:01	a.m. on th	e earlier
he 90th day after the						
he 90th day after the		2017			5	~ >
·		, 2017	•		SEC. TALL	2017
May Q	'n Fce	uli			TALLAHA	2017 MAY
May Q	Signature of a	, 2017 member or authoriz	ced representative of	of a member	SECRETAR) TALLAHASSI	2017 MAY 1102

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Filing Fee: \$25.00