

07/13/2015 08:07

TO:18506176383 FROM:5619650938

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Division of Corporations

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L14000123490

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000168339 3)))



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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : LEGACY TAX, INC.
Account Number : I20120000069
Phone : (561)683-3000
Fax Number : (561)965-0938

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15 JUL 13 AM 9:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: ALBERT@LFPFINANCIAL.COM

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SCHOOL OF BALLET ARTS CONSERVATORY LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

JUL 14 2015
J. HARRIS

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

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SCHOOL OF BALLET ARTS CONSERVATORY LLC

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

The Articles of Organization for this Limited Liability Company were filed on 08/06/2014 and assigned
Florida document number L14000123490.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

DEBOMAR, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1780 17TH AVE N

LAKE WORTH, FL 33460

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1780 17TH AVE N

LAKE WORTH, FL 33460

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:

DEBORAH MARQUEZ

New Registered Office Address:

1780 17TH AVE N

Enter Florida street address

LAKE WORTH

Florida 33460

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

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AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	LJUKS, INC	417 PUTNAM RD	<input type="checkbox"/> Add
		WEST PALM BEACH, FL 33405	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SCHOOL OF BALLET-ARTS INC	6685 FOREST HILL BLVD,	<input type="checkbox"/> Add
		#6641-43	<input checked="" type="checkbox"/> Remove
		GREENACRES, FL 33413	<input type="checkbox"/> Change
AMBR	DEBORAH MARQUEZ	1780 17TH AVE N	<input checked="" type="checkbox"/> Add
		LAKE WORTH, FL 33460	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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MIDLAND

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. 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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated

07.10.15

Signature of a member or authorized representative of a member

DEBORAH MARQUEZ

Typed or printed name of signee

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Filing Fee: \$25.00

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SHERIFF'S OFFICE
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