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(Re	equestor's Name)	·
(Ad	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

MAILI	NG ADDRESS:	STREET/COURIE	ER ADDRESS:			
	© \$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)			
Enclosed is a check for th	e following amount:		₩# U			
Name of	`Person	Area Code Daytime	Telephone Number			
	GROSSO	at (305) 30 A Area Code Daytime	7507 TO T			
For further information co	oncerning this matter, please c		2016 JAH 22 SECRETARY ALLAHASSE			
	E-mail address: (to be used for future annual report notifi	cation)			
	SILVIA	City/State and Zip Code MILAN POLE DANCE (to be used for future annual report notifi	· COH P. 21			
		City/State and Zip Code				
	MIAMI, F	MIAMI, FL, 33 127 City/State and Zip Code				
		Address				
	250 NW &	23 RD STREET # 4	408			
		Firm/Company				
	A	ACROBAT STUDIO LLC				
		Name of Person				
		SILVIA GROSSO	 			
Please return all correspon	ndence concerning this matter	to the following:				
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.				
SUBJECT:		ited Liability Company				
	^ ^ C C C C	BAT STUDIO LLC				

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO: Registration Section

Division of Corporations

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	STUDIO LLC
(<u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability ComFlorida document number $L 15000 140837$.	pany were filed on <u>08 . 18 . 15</u> and assigned
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 ADDRES	<u></u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SECRETAN 22 DELAHASSEELE
B. If amending the registered agent and/or register registered agent and/or the new registered office addres Name of New Registered Agent:	red office address on our records, enter the name of the new s here:
New Registered Office Address:	
non registered Office Addition.	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	KRYSTEL ARBIA	250 NW 23 RD Sr, #40	S MAdd
		MIAMI, FL, 33127	Remove
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ctive date, if other than the date of filing: _			(optiona	ıl)	
effective date is listed, the date must be specific and can If the date inserted in this block does not meet	not be prior to date of t the applicable statu	filing or more than 90 tory filing requirem	days after filir ients, this da	ig.) Pursi te will r	uant to 605.0 ot be liste
iment's effective date on the Department of State		, ,	·		
ecord specifies a delayed effective date ne 90th day after the record is filed.	, but not an eff	ective time, at	12:01 a.m	i. on th	ne earlie
ie John day arter the record is med.					
ed <u>01.18.16</u> ,					
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Filing Fee: \$25.00