(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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HARRIE

COVER LETTER

TO: Registration So Division of Con			
SUBJECT:	Enchanted Name of Lim	Performing Little Liability Company	Arts UC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Jess	Name of Person	
⊶ ♥		Pandora Fim/Company	LLC_
,	14605	N. 43rd St.,	世21
		City/State and Zip Code Pandora @ G to be used for future annual repr	
For further information co	oncerning this matter, please ca	all:	
Jessica N Name o	Person	at (863) C	Paytine Telephone Number
Enclosed is a check for th	e following amount:		·
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	□ \$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

Enchanted 3 (Name of the Limited Lia (A Flo	Performing Arts, UC ability Company as it now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number <u>L160000555</u>	y Company were filed on 03 18 2016 and assigned 3.
This amendment is submitted to amend the following	,, ,,
A. If amending name, enter the new name of the l	imited liability company here:
The new name must be distinguishable and contain the words "I	Idora, LLC Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	14405 N. 43rd St., #21
(Principal office address MUST BE A STREET AD	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office a	gistered office address on our records, enter the name of the new
Name of New Registered Agent:	Jessica Neice
New Registered Office Address:	14405 N. 43rd St., # 21 Enter Florida street address
	Tampa , Florida 33Le13 City Zip Code
New Registered Agent's Signature, if changing Registe	red Agent:
provisions of all statutes relative to the proper and accept the obligations of my position as registered	nt and agree to act in this capacity. I further agree to comply with the d complete performance of my duties, and I am familiar with and agent as provided for in Chapter 605, F.S. Or, if this document is ered office address, I hereby confirm that the limited liability te.
; · · · · · · · · · · · · · · · · · · ·	If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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 **Title** Name Address **Type of Action** Daniela Roper AMBR 3344 Ellwood Ct. DAdd Winter Park, FL 32792 Remove _□ Change □ Add □ Remove _□ Change _ 🗆 Add _□ Remove _____ Change _□ ∧dd ☐ Remove _□ Change _□ Remove □ Change □ Remove

_□ Change

					
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ote: If the date ir	other than the date listed, the date must be sponserted in this block do we date on the Departm	es not meet the applic	able statutory filing	(optional) one than 90 days after filing, g requirements, this date) Pursuant to 605,0207 (will not be listed as t
record specif	fies a delayed effe after the record is	ctive date, but no s filed.	t an effective ti	ime, at 12:01 a.m. (on the earlier of:
The 90th day					~1
The 90th day	- 1 000	d	,		779
The 90th day	rch 23°	d , 201	<u>L</u> .		APR
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The 90th day	Pessica	B 101	rice	of a member	· · · · · · · · · · · · · · · · · · ·

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Filing Fee: \$25.00