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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Crystal Ballroom Dance Club, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Marisa Carphero Name of Person
Crystal Ballroom Firm/Company
5415 Lake Howell Rd #228
Winter Park FL 32792 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Marisa Carontero at (407) 501 - 3474  Name of Person   Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Sectificate of Status Sectified Copy Certificate of Status Certified Copy (additional copy is enclosed)  \$25.00 Filing Fee Certified Copy 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

# TO ARTICLES OF ORGANIZATION OF

Crystal Balloom Dance	Club. LLC	_		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our lability Company)	records.)	<del></del>	
The Articles of Organization for this Limited Liability Company Florida document number <u>L170000.4574</u> .		2017	_ and assigne	
This amendment is submitted to amend the following:		,	. 20	
A. If amending name, enter the new name of the limited liab	ility company here:	TALLAH	119 SEP 3	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation	on "LLC" or the abore	viation "L.L.C."	
Enter new principal offices address, if applicable:		<u> </u>	<u></u>	
(Principal office address MUST BE A STREET ADDRESS)		<u></u>	<u> </u>	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here  Name of New Registered Agent:		e Howell 4, FL 32 ecords, enter th	Ral:#6 192 e name of th	
			· ·	
New Registered Office Address:	Enter Florida stree	t address	:	
		Florida	lorida	
	City		Zip Code	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pleed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my dut provided for in Chapter	ies, and I am fam 605, F.S. Or, if i	niliar with and this document	
			1	

If Changing Registered Agent, Signature of New Registered Agent

### or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Act
MGR	Tara Rogowski	1579 Thornhill Circle	
0	1579 Thornhill Circle Oviedo, FL 32792	Remove	
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E. Effective date, if other than the date of filing:  (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 605.020'  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.
document 5 encetive date on the 150pm them of belongs.
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o (b) The 90th day after the record is filed.
Dated $9/23$ $20/9$ .
Signature of a member or authorized representative of a member
Lukasz Krnawski
Typed or printed name of signee
$\mathcal{O}^n$ .

Page 3 of 3

Filing Fee: \$25.00