# 117000157598

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(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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# Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.Incserv.com

e-mail: info@incserv.com



## **ORDER FORM**

Florida Department of State
Division of Corporations, Clifton
Building
2661 Executive Center Circle
Tallahassee, FL 32301
corphelp@dos.myflorida.com

FROM Melissa Stops mstops@incserv.com 850.656.7953

**REQUEST DATE** 9/7/2017

850-245-6051

**PRIORITY** Routine

**OUR REF # (Order ID#)** 597338

**ORDER ENTITY** 

DWM DANCE STUDIO BOCA RATON, LLC

### PLEASE PERFORM THE FOLLOWING SERVICES:

DWM DANCE STUDIO BOCA RATON, LLC (FL)

File the attached amendment

**NOTES:** 

\$25.00 Authorized

### **RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: IZ0050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DWM DANCE STUDI	O BOCA RATON, LLC	
( <u>Name of the Limited Liability Compa</u> (A Florida Limited l	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on July 24, 2017	and assigned
Florida document number L17000157598		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LI,C" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2029 LEMOINE AVE.	
(Principal office address MUST BE A STREET ADDRESS)	SUITE 201	<u> </u>
	FORT LEE, NJ, US 07024	T 8 T
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2029 LEMOINE AVE.	G G - J
	SUITE 201	三 [1
	FORT LEE, NJ, US 07024	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		ter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	n m	
	Enter Florida street address	
	, Florida	Zip Code
	Сиу	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		
Title	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			□ Remove
			□ Change
			_□ Add
			□ Remove
			Change
			Add SEP Change B: 56
			□ Remove
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			☐ Change
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\_\_\_\_\_ Change

). If amo	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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(If an eff Note:	(optional)  fective date, if other than the date of filing:  [fective 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)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.	)(b) c
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.	
Dated	September 6 , 2017	
	Signature of a member or authorized representative of a member	
	Linda Burton, Authorized Representative of a Member	
	Typed or printed name of signee	

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Filing Fee: \$25.00