118000090868

(Re	questor's Name)	
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Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO: Registration S Division of Co			
SUBJECT: MOV	S Ballmon Do	ince Studio L	-LC
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Ureka	Name of Person	
	MOVES BALL	LROOM DANCE STI	100 LIC
	3085 ZEYND	DRIVE Address	
	MIDDLEBURG	FL 32068 City/State and Zip Code	
	Ureka e move E-mail address: (Sballroom (14n/£5) to be used for future annual report notice	tudio con
For further information of	concerning this matter, please co	all:	
Ureka Noo	gales Person	at (<u>904</u>) <u>479</u> Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
S25.00 Filing Fee	☐ \$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)

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

MOVES BALLROOM DANCE S (Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our Liability Company)	records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L1800090868</u> .	were filed on April	10, 2018 and assig	gned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
NIA			
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation	n "LLC" or the abbreviation "L.L.	.C."
Enter new principal offices address, if applicable:	NIA		
(Principal office address MUST BE A STREET ADDRESS)			2
		SET	<u> </u>
			100 F
Enter new mailing address, if applicable:	AIA		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
		<u></u>	
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: New Registered Office Address:	NIA		
Emer Florida street address, Florida,	, Florida		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agraphovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pleing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duti provided for in Chapter	es, and I am familiar with 605, F.S. Or, if this docun	and nent is

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
mcie ARIAMOR	BOOGET L NOGALES	3685 ZEYNO Drive	Add
		Middleburg, FL 32068	Remove
			Change
MGR	Ureka Nogales	3085 ZEYNO DOVE	A V99
		Midaleburg, FL 32068	Remove
			Change
			Add
			Bemove
			Change
			Remove
			Change
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f an effec Note: - H	e date, if other than the dative date is listed, the date must be the date inserted in this block t's effective date on the Department	e specific and can k does not meet	inot be prior to on the interest that the interest in the interest that the interest in the in	late of filing or me	ore than 90 days	optional) after tiling.) Pur . this date will	suant to one of the l	605,0207 listed as
	rd specifies a delayed e Oth day after the recor		e, but not a	n effective t	ime, at 12:0)1 a.m. on	the ea	rlier of
		· _			1 1			
Dated _		gnature of a mem	ber or authoriz	ed representative	of a member	9/5 9/5/1	/18	

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Filing Fee: \$25.00