118000143054

(Re	equestor's Name)	
(Ac	ddress)	
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	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
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I ALBRITTON

COVER LETTER

Division of Corpo	rations		
SUBJECT: Dar	CING Par Name of Lim	ited Liability Company	
The enclosed Articles of Ar	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	Marg	Pame of Person	
		Firm/Company	<u>. </u>
	27323	Madisco 9	St
	Punta G	City/State and Zip Code	33983
	MAYAPAVX E-frail address: (i	VAILE OON to be used for future annual report not	nail. (am
For further information con	cerning this matter, please ca		
Marie of P	rux Valla	at (<u>401</u>) <u>688</u> Area Code Daytin	re Telephone Number
Enclosed is a check for the	following amount:		
\$25.00 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

TO:

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



December 1, 2018

MARGEAUX VALLEE 27323 MADISON ST PUNTA GORDA, FL 33983

SUBJECT: DANCING PANTS, LLC Ref. Number: L18000143054

We have received your document for DANCING PANTS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is H46592 - THE DANCEXCHANGE, INC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 518A00024607

irene Albritton Regulatory Specialist II

RECEIVED
19 JAN - 2 PM 18 4

www.sunbiz.org

ARTICLES OF AMENDMENT

	U	\mathcal{L}^{\sim}
ARTICLES OF C	RGANIZATION	20 // 0
0	F	0/9/11
(Name of the Limited Liability Compa	ny as it now appears on our records.) Liability Company)	2010 JAN - 2 PM 4:
The Articles of Organization for this Limited Liability Company Florida document number <u>L. 18000 142054</u> .	were filed on $\frac{Q}{II}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab The new name must be distinguishable and contain the words "Limited Liabileters".	MAKE APP L	bbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	lolo 9 Encar Punta Gordo	nacionSt. FL 33983
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Lolog Encarnac Prota Gosda	100 St. FL 33983
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		the name of the new
Name of New Registered Agent:		
New Registered Office Address:	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 = M $AMBR = A$	anager uthorized Member		
Title	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
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ffect	tive date if other than the date of filing:
f an ef	tive date, if other than the date of filing: (optional) Tective 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
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ament's effective date on the Department of State's records.
i(iC (ii)	acid selective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o
IΠĘ	e 90th day after the record is filed.
	11 200 D
Dated	November 16. 2018
	Margaren Alalla
	THUREW VACEE
	Stenature of a member or authorized representative of a member
	Margeaux Vallee

Page 3 of 3

Filing Fee: \$25.00