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(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

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SEP 21 2019 T SCHROEDER

COVER LETTER

Raymi SUBJECT:	Dance School LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Article	s of Amendment and fee(s) are sub-	mitted for tiling.	
Please return all corr	espondence concerning this matter	to the following:	
	Sandro Portilla		
		Name of Person	
	Raymi Dance School LLC		
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	11335 ALAMEDA SAND	PRA DR	
		Address	
	CLERMONT, FL 34711		
		City/State and Zip Code	
	sandroportilla@hotmail.com	n to be used for future annual report r	notification)
For further informati	on concerning this matter, please ca		
Sandro Portilla		407 724-0714 at ()	
Na	me of Person	Area Code Day	time Telephone Number
Enclosed is a check	for the following amount:		
■ \$25.00 Filing Fe	e □ \$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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Con	npany as it now appears on our records.) ed Liability Company)
(A Florida Limite	ed Liability Company)
The Articles of Organization for this Limited Liability Compa	iny were filed on and assigned and assigned
Florida document number 1.18000190218	•
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	iability company here:
Raymi Dance Company LLC	
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)) <u>Fos</u>
	T T
Enter war well- address if amplicables	
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	-
	, P = 2
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	l office address on our records, <u>enter the name of the ne</u> here:
	·· ····
Norma of Nany Danistanud Ament	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Enter Piorida street dadress
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Age	<u>:nt:</u>
provisions of all statutes relative to the proper and comple	as provided for in Chapter 605, F.S. Or, if this document is
Company has neen nonjied 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

<u>Title</u>	Name	Address		Type of Action
				□ Add
				Remove
				Change
				🗆 Add
				☐ Remove
			FALL	Change
			SELUZIÁN LATA TALLAHÁSSŐT F	Change SP Adil
				Remove
			CRIDA	P T Remove P: Change
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ective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date of filing or more te: If the date inserted in this block does not meet the applicable statutory filing rement's effective date on the Department of State's records.	e than 90 days after filing.) Prequirements, this date wi	tursuant to 605.02 ill not be listed:
record specifies a delayed effective date, but not an effective tin he 90th day after the record is filed.	ne, at 12:01 a.m. or	n the earlier
100 09-11 18.		
	f a member	

Page 3 of 3

Filing Fee: \$25.00