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LLC Amend.

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COVER LETTER

Division of Corporations
SUBJECT: Darking Little Stars Ft Landerdate 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:
Shakarah Johnston Name of Person
Dancing Little Stars Ft Lauderdale Firm/Company
1020 Bittern Caurt Address
Middleburg FL, 32068 City/State and Zip Code
descinglittle Starft Redentale @ graite Com Li-mail address: (to be used for future annual report notification)
for further information concerning this matter, please call:
Shaharah Johnston at (904) 654-3476 Name of Person Area Code Daytime Telephone Number
inclosed is a check for the following amount:
S25.00 Filing Fee Scrifficate of Status S55.00 Filing Fee Scrifficate of Status Scriffied Copy (Certificate of Status Scriffied Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

The Articles of Organization for this Limited Liability Company were filed on March 04, 7019 and assigned Florida document number <u>L1900061496</u>. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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
AMBA	Shakarah Johnston	1325 SE 8+n Ave, Deersield	ĭ €Add
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Iffective date, if other than the date of filing: I an effective date is listed, the date must be specific and cannot be prior to date of filing of Note: If the date inserted in this block does not meet the applicable statutory fill locument's effective date on the Department of State's records.	r more than 90 days after filing.) Pursuant to 605,0207 (
e record specifies a delayed effective date, but not an effective The 90th day after the record is filed.	
Signarfire of a member or authorized representate	
Makarah Johnston	ive of a member