12/4/2019

Division of Corporations

Florida Department of State Office of State Electronic Filing Cover Sheet

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To:	
-	Division of Corporations
	Fax Number : (858)617-6383

From:

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Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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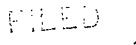
Electronic Filing Menu

Corporate Filing Menu

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BEC 9 0 2013

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



•					
MIAMI DANCE LIFE LLC				2913 DE	<u>, -5 P # 5</u> b
(Name of the Limited Liability C (A Florida Li	Company as mited Liabi	s it now app hty Compan	ears on our y)	records.)	
The Articles of Organization for this Limited Liability Conforida document number 1.19000110681	npany wer	e filed on	04/30/2019	TALLAS	Aught Fight (1981) And assigned
his amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited	<u>d liability</u>	company	here:		
The new name must be distinguishable and contain the words "Limited	d Liability C	'ompany,'' il	ne designation	n "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:			 		
Principal office address MUST BE A STREET ADDRE	<u>S.S)</u>	-			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	-				
B. If amending the registered agent and/or register registered agent and/or the new registered office addres	red office ss here:				-
Name of New Registered Agent:					
New Registered Office Address:			(9	7.1	· · · · · · · · · · · · · · · · · · ·
		Enter	Florida street	address	
		City		, Florida	Zıp Code
Naw Desistance Agent's Signature if changing Registered		Cuy			eg/ Code

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

<u>Title</u>	Name	Address	Type of Action
MGR	SONJA ALLENDE	.7124 NW 106TH AVE.	
		TAMARAC, FL 33321	■ Remove
			Change
MGR	SAMANTHA LUGO	7124 NW 106TH AVE.	
	-	TAMARAC, FL 33321	
			□ Change
			Add
			.□ Re;nove
			Change
			Add
		<u></u>	□ Remove
			☐ Change
			∩ Add
			☐ Remove
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			□ Add
			Remove
			Change

				
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effective date is listed, the date must be: If the date inserted in this block	k does not meet the appl	icable statutory fi	more than 90 days a ling requirements,	fter filing.) Pursuant to 60 this date will not be lis
ument's effective date on the Dep	artment of State's record	S .		
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record specifies a delayed e he 90th day after the recor	irrective date, but n d is filed.	ot an effective	e ume, at 12:0	i a.m. on the eart
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