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COVER LETTER

MAILING ADDRESS:

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

	RE DANCES LLC Liability Company as it now appears on our records.)
(A	Florida Limited Liability Company)
The Articles of Organization for this Limited Liab Florida document number 49001251	ility Company were filed on $05.08.19$ and assigned 43 .
This amendment is submitted to amend the follow	ing:
A. If amending name, enter the new name of the	ne limited liability company here:
EUTE MOLICIBE	BROKELS, UC
The new name must be distinguishable and contain the word	s "Limited Liability Company." the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicab	le:
(Principal office address MUST BE A STREET).	(DDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BC	28)
	70 <u>70 70 70 70 70 70 70 70 70 70 70 70 70 7</u>
B. If amending the registered agent and/or registered agent and/or the new registered offic	registered office address on our records, enter the name of the ne
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	. Florida
	City Zıp 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, <u>enter the title, name, and address of each person_being added</u> or removed from our records:					
MGR = N AMBR = A	lanager Authorized Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action		
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Fective date, if other in effective date is listed, to tee: If the date inserted incument's effective date.	a in this block goes no	i meet the applicable	te of filing or more than statutory filing requir	(optional 90 days after filing rements, this date) Pursuant to 60 will not be lis	7 95.02 sted∈
	delayed effective the record is filed		effective time, a	at 12:01 a.m.	on the earl	ier
ned JONE	= 21	2019		/		
	Signature of	a member or authorized	representative of a me	mber		
	Signature or	de dientification of the contract of				

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