## L20000056734

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2020 MAR -5 PM 1: 56



O SIMMONS MAR 0 6 2020 CORPORATION SERVICE COMPANY
1201 Hays Street
Tallbasson FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

Filone: 830-338-1300
ACCOUNT NO. : 12000000195
REFERENCE : 202779 8894A
AUTHORIZATION : Spelle le la
COST LIMIT : \$ 25.00
ORDER DATE: March 5, 2020
ORDER TIME : 11:58 AM
ORDER NO. : 202779-005
CUSTOMER NO: 8894A
DOMESTIC AMENDMENT FILING  NAME: AJ BALLROOMS, LLC
EFFECTIVE DATE:
XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Kadesha Roberson EXT# 62980

EXAMINER'S INITIALS:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compan (A Florida Limited Li	rns, LC.  y as it now appears on our record ability Company)	<u>ds.</u> )
The Articles of Organization for this Limited Liability Company of Florida document number <u>L200005673</u>	were filed on	and assigned
This amendment is submitted to amend the following:		2020 MAR -
A. If amending name, enter the new name of the limited liabil		\(\frac{1}{2}\)
The new name must be distinguishable and contain the words "Limited Liabili Enter new principal offices address, if applicable:	ty Company," the designation "LLC $+550 \omega$ , $ \mathcal{E}$	or the abbreviagon "L.E.C."
(Principal office address MUST BE A STREET ADDRESS)	Suite 73 Hieleah, t	-L 37014
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Suite 73 Hialean, F	1 Street
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	ss

## 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

, Florida \_\_\_

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>Address</u> **Type of Action** Title Name Justin Caprel 7865 NW 108 AVE AMBR Doral, FL 33178 □Remove □ Change AMBK Alexis Fernandiz 7890 Coral Way pradd □ Change \_\_\_\_ Change \_\_\_\_ □Add □Remove \_ □Change  $\square$ Add

☐ Remove

□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets	s, y necessury.y	
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		-
Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 one.  Note: If the date inserted in this block does not meet the applicable statutory filing requirem document's effective date on the Department of State's records.	(optional) days after filing.) Pursuant to 60: ents, this date will not be list	5.0207 (3)( ted as the
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlicord is filed.	ier of: (b) The 90th day afte	er the
Dated 3 3 , 2020.  Signature of a member or authorized representative of a member.		
	rnandez	

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