

L 200000 6/860

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

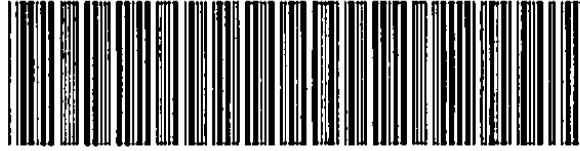
(Business Entity Name)

(Document Number)

Copies _____ Certificates of Status _____

Instructions to Filing Officer:

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11/07/22--01027--004 **25.00

FILED
2022 NOV -7 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FL

Registration Section
Division of Corporations

D3 Arts LLC

F: _____
Name of Limited Liability Company

sed Articles of Amendment and fee(s) are submitted for filing.

urn all correspondence concerning this matter to the following:

Roelsaluz Colon

Name of Person

D3 Arts LLC

Firm/Company

3350 Ulmerton Rd #17

Address

Clearwater, FL 33762

City/State and Zip Code

Admin@fuegodanceco.com

E-mail address: (to be used for future annual report notification)

r information concerning this matter, please call:

727 771-3090

Name of Person at (_____) _____
Area Code Daytime Telephone Number

s a check for the following amount:

- ☐ \$0 Filing Fee ☐ \$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
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**TO
ARTICLES OF ORGANIZATION
OF**

D3 Arts LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Articles of Organization for this Limited Liability Company were filed on 5/22/2020 and assigned document number 120000061860.

A document is submitted to amend the following:

Changing name, enter the new name of the limited liability company here:

The name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Changing principal offices address, if applicable:

(office address MUST BE A STREET ADDRESS)

Changing mailing address, if applicable:

(address MAY BE A POST OFFICE BOX)

Changing 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

_____, Florida

City

Zip Code

Registered Agent's Signature, if changing Registered Agent:

I 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 understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is 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

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2022 NOV -7 10:40
SECRETARY OF STATE
TALLAHASSEE, FL

Manager
Authorized Member

Type of Action

3646 15th Ave SE Largo, FL 33771

☐ Add

☒ Remove

☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change

ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

10/15/2022
Effective date, if other than the date of filing: _____ (optional)
If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
member's effective date on the Department of State's records.

If it specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
effective date.

October 19 2022



Signature of a member or authorized representative of a member

Roelsaluz Colon

Typed or printed name of signee