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COVER LETTER

Registration Section TO: **Division of Corporations** DANCERS TRAINING SPOT COMPANY, LLC SUBJECT: 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: EULOGIA C AGUERO Name of Person DANCERS TRAINING SPOT COMPANY, LLC Firn/Company 3806 SIMMS ST Address HOLLYWOOD, FL 33021 City/State and Zip Code eululyag@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **EULOGIA C AGUERO** Name of Person Enclosed is a check for the following amount: □ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60,00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DANCERS TRAINING SPOT CO					
(Name of the Limi	ted Liability Com (A Florida Limite	pany as it now appears on o d Liability Company)	ur records.)		
The Articles of Organization for this Limited L		ny were filed on	20	and assig	gned
Florida document number L20000067822					
This amendment is submitted to amend the following	lowing:				
A. If amending name, enter the new name of	of the limited li	ability company here:			
N/A					
The new name must be distinguishable and contain the	words "Limited Lia	bility Company," the designa-	tion "LLC" or the abb	reviation "L.L.	.C."
Enter new principal offices address, if appli	cable:	N/A			
(Principal office address MUST BE A STREA	<u>ET ADDRESS)</u>				
		<u>- 3333</u>	:	2021 J	
Enter new mailing address, if applicable:		N/A	!		77
(Mailing address MAY BE A POST OFFICE BOX)				7	
				: <u>"</u>	· ;
			-		ور
B. If amending the registered agent and/or agent and/or the new registered office addre		e address on our record	ls, <u>enter the namé</u>	of the new	<u>registere</u>
Name of New Registered Agent:	N/A				
New Registered Office Address:					
		Enter Florida str	eet address		
			, Florida		
		City		Zip 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, 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>	<u>Address</u>	Type of Action
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Filing Fee: \$25.00