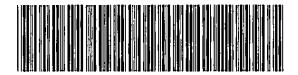
Lacoooa68851

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200361521202

03/12/21--01021--012 **55.00

R. SVETTE MAY 12 LUI

COVER LETTER

Division of Corporations
SUBJECT: Zero Granty Dance Center 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:
Crabriella Vann Name of Person
Zero Gravity Dance Center
20791 Three Oaks Plany P.O Box #1305
EStevo FL 33929 City State and Zip Code
29dc - divector agmail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Gabriella Vann at 305 394-2630 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

TO:

Registration Section

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

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

The Articles of Organization for this Limited Lia	bility Company ع و ح	were filed on $8/2$	8/2020	2 and assigned
Florida document number L 400006	005 1.			
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liab	ility company here:		
The new name must be distinguishable and contain the wo	rds "Limited Liabi	lity Company," the designat	ion "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applica	ble:			
(Principal office address MUST BE A STREET	"ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>:0X)</u>		u Oaks + 1305 L 339	Pkwy 29
B. If amending the registered agent and/or reagent and/or the new registered office address	•	address on our records	s, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:	Gabin	ella Va	nn	
New Registered Office Address:	<u>au 191</u>	1 hree Cals Enter Florida stre		0 Box(+#1305
	ESter	City	Florida	33929 Zup 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 **Address** Type of Action **Title** Name Gabriella Olsen 4445 Kings Barn Ct DAdd #103 Ft Myers FL 33916 Demove _____ □Change MGR Gabriella Vonn 20791 Three Oaks Pkiny Know P. O BOX #1305 ESTERO PREMIOVE FL 33929 OChange _____ Change _____ Change _____ Change

_____ Change

_	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
_	
-	
-	
_	
-	
_	
_	
_	
-	
_	
_	
_	2/12/2021
ote:	ive date, if other than the date of filing: 2/12/20 (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
is fil	
ited .	February 12th 2021 Labrille Vann Signature of a member of authorized representative of a member
	Signature of a member of authorized representative of a member