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Division of Corporations

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Account Number : I20020000140 Phone : (561)844-3600 Fax Number : (561)842-4104

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DANCING FLAMINGO LLC

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|-----------------------------------|--|---|--|
| TO: Registration<br>Division of C |  |   |  |
| DANCIN                            | G FLAMINGO, LLC                              |   |  |
|                                   | Name of L                                    | inited Liability Company  | · · · · · · · · · · · · · · · · · · ·  |
| The enclosed Articles o           | of Amondment and fee(s) are s                | ubmitted for fitting.   |  |
| Please return all corresp         | nondence concerning this matte               | er to the following:  |  |
|                                   | Robert M. Kesten, Esq.                       |   |  |
|                                   |  | Name of Person  |  |
|                                   | Cohen Norris Wolmer Ri                       | ay Telepman Berkowitz & Cohen                                     |  |
|                                   |  | Firm Company  | <del></del>  |
|                                   | 712 U.S. Highway I, Sui                      | te 400  |  |
|                                   |  | Address   |  |
|                                   | North Palm Beach, FL 33                      |   |  |
|                                   |  | City/State and Zip Code   | <del></del>  |
|                                   | RMK@Cohennorris.com                          |   |  |
|                                   | limuil address:                              | (to be used for future annual report not                          | (fication)   |
| For further information of        | concerning this matter, please of            | coll:   |  |
| Robert M. Kesten, Esq.            |  | 561 844-3600  |  |
| Nane 0                            | f Person                                     | at ()   | e Telephone Number   |
| Enclosed is a check for th        | ic following amount:                         |   |  |
| <b>■ \$2</b> 5.00 Filing Fee      | © \$30.00 Filing Fee & Certificate of Status | S\$5.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is melosed) |

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FJ. 32314

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

## ANTICUES OF AIVIDING INT

## TO ARTICLES OF ORGANIZATION OF

| DANCING FLAMINGO, LLC   |   |  |
|---|---|--|
| (A Florida Limited Liability Compa-   | is as it now appears on our records tability Company)     | 7)   |
| The Articles of Organization for this Limited Liability Company   |   | and assigned   |
| Florida document number L21000069136  |   | and assigned   |
| This amendment is submitted to amend the following:   |   |  |
| A. If amending name, enter the new name of the limited liabil   | ity company here:   |  |
| The new name was to disability  |   |  |
| The new name must be distinguishable and contain the words "Limited Liabili-  | y Company," the designation "LLC"                         | or the abbreviation "L.L.C."   |
| Enter new principal offices address, if applicable:   |   |  |
| (Principal affice address MUST BE A STREET ADDRESS)   |   |  |
|   |   |  |
| Enter new mailing address, if applicable:   |   |  |
| (Mailing address MAY BE A POST OFFICE ROX)  |   |  |
| THE SHALL WAT DE A (VALUE FILE BILK)  |   |  |
|   |   |  |
| B. If amending the registered agent and/or registered office ad   | dress on our records, enter th                            | te name of the new registered  |
| agent and/or the new registered office address here:  |   |  |
|   |   |  |
| Name of New Registered Agent:   |   |  |
| New Registered Office Address:  |   | ₩ 28   |
|   | Enter Florato street address                              |  |
|   | , Flori   | Zip Code —   |
|   | City  | Zip Code   |
| New Registered Agent's Signature, if changing Registered Agent:   |   | - U  |
| I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete peaceept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office acceptable to the peace of the change in the registered office acceptable. | rformance of my duties, and wided for in Chapter 605, F.S | ner agree to comply with the<br>I am familiar with and<br>S. Or, if this document is |
| company has been notified in writing of this change.  |   | •  |

If Changing Registered Agent, Signature of New Registered Agent

## 02-10-23 03:25pm From-or removed from our records:

MGR = Manager AMBR = Authorized Member

| Title | Name                    | Address                      | Type of Action |
|-------|-------------------------|------------------------------|----------------|
| MGR   | ELISABETH BENNETT       | 185 SW 7th Street, Unit 3611 |                |
|       |                         | Miami, FL 33130              |                |
|       |                         |                              | □Change        |
| MGR   | DALTON MILKLVICZ DE CAM | 185 SW 7th Steet, Unit 3611  | <b>=</b> Add   |
|       |                         | Miami, FL 33130              | ☐ Remove       |
|       |                         |                              |                |
| MGR   | NATALIA GISLER SELAU    | 185 SW 7th Steet, Unit 3611  | <b>=</b> Add   |
|       |                         | Miami, FL 33130              | □ Remove       |
|       |                         |                              | © Change       |
| MGR   |                         |                              | DAdd           |
|       |                         |                              | ☐ Remove       |
|       |                         |                              | Change         |
|       |                         |                              | ☐Add           |
|       |                         |                              | □Remove        |
|       |                         |                              | □ Change       |
|       |                         |                              | □Add           |
|       |                         |                              | □Remove        |
|       |                         |                              | ————   Change  |

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| Tective date, if other than an effective date is listed, the date offer in this | the date of fil   | ing:            |                                       | (oj  | otional)  |                      |
| ote: If the date inserted in this ocument's effective date on the               |                   |                 |                                       | or more than 90 days a<br>filing requirements, | ter filing.) Pursuant to<br>this date will not be | 605.020<br>listed as |
| record specifies a delayed effer<br>is filed.                                   | ctive date, but n | ot an effective | time, at 12:01 a                      | in, on the earlier of:                         | (b) The 90th day t                                | ifter the            |
| February 9  |                   | 2023            |                                       |  |   |                      |
| De  | 14.               | nd -            | horized represent                     | ~  |   |                      |

Filing Fee: \$25.00

Typed or printed name of signee