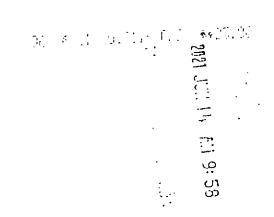
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(Re	equestor's Name)	
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☐ PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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Special Instructions to	riling Onicer:	
		

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- COVER LETTER

TO: Registration So Division of Con		
COLUMN TRAVERS	, FLORIDA BALLROOM LL	C .
SUBJECT:	Name of Lin	nited Liability Company
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.
Please return all correspo	ondence concerning this matter	to the following:
	ALEJANDRO PICHARD	O
		Name of Person
	ACCOUNTING CENTER	ROF ORLANDO
		Firm/Company
	1706 E SEMORAN BLVI	D STE 3
		Address
	APOPKA, FL 32703	
		City/State and Zip Code
	APICHARDO@ACCOUN	
For further information of	E-mail address; (concerning this matter, please c	(to be used for future annual report notification)
ALEJANDRO PICHAR		407 574 - 7340 at ()
Name o	ı' Person	Area Code Daytime Telephone Number
Enclosed is a check for the	he following amount:	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address Registration 9 Division of C	Section	Street Address: Registration Section Division of Corporations
P.O. Box 632	.7	The Centre of Tallahassee
Tallahassee, l	rl. 52514	2415 N. Mouroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CENTRAL FLORIDA BALLROOM LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our record Limited Liability Company)	<u>(s.</u>)
The Articles of Organization for this Limited Liability Colorida document number L21000259400	ompany were filed on 06/03/2021	and assigned
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limi	ted liability company here:	
he new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "LLC	
Enter new principal offices address, if applicable:		7921
Principal office address MUST BE A STREET ADDR	ESS)	·
		*
		-
inter new mailing address, if applicable:		. 9.
Mailing address MAY BE A POST OFFICE BOX)		59
		
. If amending the registered agent and/or registered gent and/or the new registered office address here:	office address on our records, <u>enter</u>	the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres.	S
		orida Zip Code
	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
AMBR	VALERIYA S. MININA	655 HOBART RD	□Add
		VENICE, FL 34293	□Remove
			■Change
			□Add
			□Remove
			□Change
			Add
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			28 □ ∀qqq
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ative date if other ther	the date of filing:	Continu	sal\
e: If the date inserted in the	the date of filing: e must be specific and cannot be prior to date his block does not meet the applicable st he Department of State's records.		
cord specifies a delayed eff filed.	Pective date, but not an effective time, at	12:01 a.m. on the earlier of: (b)	The 90th day after th
ed	2021		
2	Signature of a member or authorized r		

Typed or printed name of signee