

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
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COVER LETTER

TO:				4
	-	DAN	ICE KOOL, LLC	,
SUBJE	CT:	Name of Lim	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	unitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
DANCE KOOL, LLC Name of Limited Liability Company				
			Name of Person	
			Firm/Company	
			627 COLLINS CREEK DR.	
		 .	Address	
		J.	ACKSONVILLE, FL 32258	
			•	
		F-mail address: (• • • • • • • • • • • • • • • • • • • •	tification)
For furth	her information c		•	,
PAVEL	RESHETNIKOV	v	at ()	
	Name o	f Person	Area Code Daytii	me Telephone Number
Enclosed	d is a check for th	ne following amount:		
■ \$25.	.00 Filing Fee		Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres	<u>ss:</u>	Street Address:	
	Registration S	Section	Registration S	
		-		•
	i ananassee, I	PL 32314	Z410 IN. MONT	oe street, suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DANCE KOOL, LLC	
(Name of the Limited Liability Company as (A Florida Limited Liabil	it now appears on our records.) ity Company)
The Articles of Organization for this Limited Liability Company were Florida document number 1.21000331394	e filed on 07/21/2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	company here:
DANCEKOOL, LLC	
The new name must be distinguishable and contain the words "Limited Liability Co	ompany," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	1021 FC TA
- The part office and converse from the part of the pa	
-	D 072000
	\$ 6 €
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
	06
3. If amending the registered agent and/or registered office addr	ess on our records, enter the name of the new regist
gent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
New Registered Office Address:	Enter Florida street address
	lilowido.
	, Florida City

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 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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			□Remove
			□Change
_			□Add
	25_222	□Remove	
		se TAC	☐ Change SECRE
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			Remove Remove Remove Remove Remove Remove
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eating data if other than the date of filings		(optional)	
ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior e: If the date inserted in this block does not meet the applic	to date of filing or more than 9	0 days after filing.) Pursuant to 6	505.020 listed a
ument's effective date on the Department of State's records.			
cord specifies a delayed effective date, but not an effective tis filed.	ime, at 12:01 a.m. on the ear	rlier of: (b) The 90th day a	fter the
a August 6 2021	_·	\circ	

Typed or printed name of signee