# L22000 136764

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	WAIT MAIL
1	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:
	J. HORNE
	JUN - 9 2022
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# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

·				
Dance With Me At Th	ne Cabin By tl	he Sea. LLC		
	<del></del>			
			<del></del>	Art of Inc. File
			<del></del>	LTD Partnership File
			<del></del>	Foreign Corp. File
			<del></del>	L.C. File
				Fictitious Name File
				Trnde/Service Mark
				Merger File
			<del>-</del>	Art. of Amend. File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
				Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
			<u> </u>	Corp Record Search
				Officer Search
				Fictitious Search
Signature	_ <del></del>	<del> </del>		Fictitious Owner Search
Signature				Vehicle Search
				Driving Record
Requested by: SETH	06/07			UCC 1 or 3 File
	06/07			UCC    Search
Name	Date	Time		UCC 11 Retrieval
Walk-In Phones & Printing + Thom severe, GA &roc	Will Pick Up			Courier

## **COVER LETTER**

	egistration Se ivision of Cor			
CHIDIECT		ITH ME AT THE CABIN BY	THE SEA, LLC	
SUBJECT	•	Name of Limi	ted Liability Company	
The enclos	ed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please retu	m all correspo	ndence concerning this matter t	to the following:	
		LARRY A. ROTHENBER	G, ESQ.	
			Name of Person	
			Firm/Соптрапу	<del></del>
		11555 HERON BAY BLV	D, SUITE 101	
			Address	
		CORAL SPRINGS, FL 330	)76	
		ATTYLAR@GMAIL.COM	City/State and Zip Code	
		<del>-</del>	o be used for future annual report notifi	cation)
For further	information co	oncerning this matter, please ca	II:	
LARRY A	ROTHENBE	ERG	954 255-3631 at ( )	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	e following amount:		
□ \$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		NG ADDRESS: ation Section	STREET/COURIE Registration Section	

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DANCE WITH ME AT THE CABIN BY THE SEA,	LLC	
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records. Liability Company)	1-8 8-8
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000136764</u>	were filed on April 1, 2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	oility company here:	· ·
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" (	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	14 SE 4th Street	
(Principal office address MUST BE A STREET ADDRESS)	Suite 14	
•	Boca Raton, FL 33432	
Enter new mailing address, if applicable:	14 SE 4th Street	
(Mailing address MAY BE A POST OFFICE BOX)	Suite 14	
·	Boca Raton, FL 33432	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her  Name of New Registered Agent:  New Registered Office Address:		enter the name of the new
	, Flor	ida Zip Code
	City	in come

#### 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>	Address	Type of Action
MGR	LARRY A. ROTHENBERG	11555 Heron Bay Blvd, Suite 101	
		Coral Springs, FL 33076	■ Remove
			Change
MGR	SARITA ESCOBEDO	14 SE 4th Street, Suite 14	■ Add
		Boca Raton, FL 33432	□ Remove
		·	Change
AMBR	SARITA ESCOBEDO	14 SE 4th Street, Suite 14	<u></u> ≣ Add
		Boca Raton, FL 33432	□ Remove
		·	Change
			Add
			□ Remove
			Change
· .			Add
			Remove
	·		Change
		·	Add
			☐ Remove
			□ Change

		<del></del>
		<u> </u>
	<del></del>	
effective date is listed, the date e: If the date inserted in this	he date of filing:	days after filing.) Pursuant to 605.02 ents, this date will not be listed
record specifies a delay ne 90th day after the r	ved effective date, but not an effective time, at 1 ecord is filed.	.2:01 a.m. on the earlier
June 7	2022	
	· · · · · · · · · · · · · · · · · · ·	
So	Signature of a member of authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00