## LZZ000136 975

(Re	questor's Name)	<u>-</u>
(Ad	ldress)	
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(Cit	ty/State/Zip/Phon	e #)
	<b>~</b>	
☐ PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
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	and November	
(DC	cument Number)	1
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Eiling Officer	_
Special instructions to	rining Officer.	
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Office Use Only



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## **COVER LETTER**

TO:	Registration Section Division of Corpo		/ Change to	
SUBJE	CT: Nike		LC Niko's La	in A Dance + Aer Fitne Studi
The enc	losed Articles of Ar	mendment and fee(s) are sub-	mitted for filing.	
Please r	eturn all correspond	lence concerning this matter t	o the following:	
		Koya N.	KLHM Name of Person	<del></del>
		14851 xc*		
			Firm/Company	<del></del>
		14851 StA	e Road 52 u	nit 107 #409
		Hudson, F	City/State and Zip Code	<del></del>
		weslay. Nike E-mail address: (10	Slair LLC & Gmain of be used for future annual report notific	1. COM ation)
or furt	her information con	cerning this matter, please ca	И:	
k	DY A Name of P	. Keith	at (813) 428- Area Code Daytime 1	O6H9 Telephone Number
nclose	d is a check for the	following amount:		
□ <b>\$2</b> 5	.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)

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

FILED

Nikos Lair, LL	_C		2022 MAY 10 AM 8: 2	21
(Name of the Limited (A	Liability Compar Florida Limited L	y as it now appears on our reco ability Company)	TALLAHASSEE, FL	II
The Articles of Organization for this Limited Liab	ility Company	were filed on 3   18	2022 and assigned	
Plorida document number <u>L2200013</u>	<u>6975</u>			
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of the	ne limited liabi	lity company here:		
NIKO'S LAIR A Dance + The new name must be distinguishable and contain the word	Aerias ls Limited Liabili	Fi+ness S ty Company," the designation "L	tudio, LLC	<u> </u>
Enter new principal offices address, if applicab			te Road 52 uni	+ 107
Principal office address MUST BE A STREET	ADDRESS)	Hudson, F	L 34669	#F 90° 
Inter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BO</u>	<u>)x)</u>	14851 Sta- Hudson, F	te Road 52 uni	1 107- -#409
. If amending the registered agent and/or reg ent and/or the new registered office address l		ddress on our records, <u>ent</u>	er the name of the new regi	stered
Name of New Registered Agent:	KoyA	N. Keith		- In also
New Registered Office Address:	1485	State Road Enter Florida street add	1 52 unit 107	# 409 
	Hudso		Florida 34669	
w Registered Agent's Signature, if changing Reg	eistered Agent:	City	Zip Code	

creby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ng filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

ipany has been notified in writing of this change.

If Changing Registered Agent Signature of New Presistered 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
			□Add
			□ Remove
			□Change
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			□ Change

D. If àn	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<b>₽</b>	Business Name Need's to Be (honge)
A.	ADDress ZIPCODE NEEDS to be (nange)
(F	ADDRESS ZIPCODE NEEDS to be (nange)  Removing Corrent  Removing Contact Into / Replacing it with
	MUSILE KOYAN, KILL 813-428-0649 vemis.
	دم
	22 II II
	ASS. P. IT.
	<u> </u>
Effe	ctive date, if other than the date of filing: 3 19 1202 (optional)  effective 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 (3Yb)
	effective 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 (3)(b): If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
	ment's effective date on the Department of State's records.
ie rece	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
rd is	filed. May 6, 2022
Date	
	Signature of a member or authorized representative of a member
	Kova N. Keith
	Typed or printed name of signee