# L22000484 401

(Re	questor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
_	_	_
(Bu	siness Entity Nar	ne)
(	<b>-</b>	,
(De	cument Number)	
(	,	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
L		

Office Use Only



800398078568

11/28/22--01010--026 \*\*25.00

SECRETARY OF STATE

## **Delicate Movement LLC**

Alexander Kotik 14450 SW 14<sup>th</sup> St. Miami, FL 33184 (305) 546-5220

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

To Whom It May Concern,

I am writing to submit an amendment to the articles of organization for my company, Delicate Movement LLC, in order to process a name change to amend the name of the company to "Studio 23 Dance Company LLC".

I have enclosed the completed paperwork as well as a check in the amount of \$25.00 for the filing fee. My return address and daytime telephone number are included in the header at the top of this letter.

Thank you in advance for your attention to this matter.

Sincerely,

Alexander Kotik

•		COVERLETTER		
TO: Registration So Division of Con				
SUBJECT:	Delicat	e Movement LLC		
SUBJECT:		nited Liability Company	<del></del>	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
		Alexander Kotik		
		Name of Person		
		Firm/Company		
	14450 SW	14th st		
		Address		
	Miami,	FL 33184 City/State and Zip Code 331 @ ho+mail. Co		
		City/State and Zip Code		
	alexa:	331 @ hotmail. Co	<u>m</u>	
Park Carda Company		to be used for future annual report notif	ication)	
Por juriner information c	oncerning this matter, please ca	all;		
Alexano	der Kohk	at (305) 546-5	5220	. 5-3
Name of		Area Code Daytime		
			ILA A	
Enclosed is a check for the	ne following amount:			28
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Feet Certificate of Status & Certified Copy Cadditional copy is buclose	% 5. C

## 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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Delicate Move	ement LLC	
( <u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Co Florida document number <u>L22000484401</u>	empany were filed on	11 14 2022 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite Studio 23 Dance		
The new name must be distinguishable and contain the words "Limite	ed Liability Company, the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	ESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our recor	ds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida s	treat addraw
	Enter Piorida s	
<del></del>	City	, Florida 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
			□Add
			□Remove
	<del></del>		□Add
			□Remove
			☐ Change
	<del> </del>	<del></del>	□Add
			[]Remove
			□Change
			□ Add
			□Remove
			☐ Change
			□Add
	-	□Remove	
			☐ Change
			□Add
			□Remove
			[]Change

<del></del> .	
<del></del>	<del></del>
_	
f an effect <b>Note:</b> If	e date, if other than the date of filing:
e record s d is filed	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 .
Dated	November 25, 2022
	angen.
	Signature of a member or authorized representative of a member
	Alexander Kotik