## 12300019195

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(City/State/Zip/Phone #)	
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## **COVER LETTER**

Registration Section

**Division of Corporations** 

TO:

DANCE W	EAR UNLIMITED LLC	·	
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MALULA GIRON		
		Name of Person	
		Firm/Company	
	1660 SPRING TIME LOC	)P	
		Address	
	WINTER PARK, FL 3279		
	<del></del>	City/State and Zip Code	
	dwunlimited7@gmail.com		
	E-mail address: (	to be used for future annual report noti	ification)
For further information c	oncerning this matter, please c	all:	
Cristina Diez		617 913-1799	
Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S	Section	<u>Street Address:</u> Registration Se	ction
Division of C	orporations	Division of Cor	porations
P.O. Box 632 Tallahassee, I		The Centre of T	Fallahassee e Street Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Co	ompany as it now appears on our records.) nited Liability Company)
The Articles of Organization for this Limited Liability Comp.  Florida document number L23000019695	pany were filed on JANUARY 09, 2023 and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited</u>	liability company here:
DANCE WORLD UNLIMITED LLC	•
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
( <u>Principal office address MUST BE A STREET ADDRES.</u>	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	The address on our records, enter the name of the new registere
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	Cuy 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 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
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	·		□Remove
			□ Change
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ffective date, if other than the da an effective date is listed, the date must be	te of filing:			(optional)	
an effective date is listed, the date must be lock If the date inserted in this block	specific and cannot be a does not meet the ar	orior to date of tili oplicable statuto	ng or more than 90 da ry-filing requireme	ays after filing.) Pursuan nts, this date will not	t to 605.0207   be listed as t
ocument's effective date on the Depa	rtment of State's reco	ords.			
	•				
record specifies a delayed effective date of the filed.	ate, but not an effecti	ve time, at 12:0	l a.m. on the earlie	r of: (b) The 90th di	ay after the
ated FEBRUARY 21	2023				
1.6.1.1	)				
Mabla 6	YON				
Malla 6	nature of a member or	authorized represe	entative of a member		<del></del>