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## **COVER LETTER**

	DANCE LLC  Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	ZSUZSANNA SZANTOS	31	
		Name of Person	
	GALLERY DANCE LLC		
		Firm/Company	
	2130 Bay St		
		Address	
	SARASOTA, FLORIDA	34237	
		City/State and Zip Code	
	susan@vividiance.com		
	E-mail address: (	to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
ZSUZSANNA SZANTO	OSI	at (941 ) 8944168	
Name o	f Person		e Telephone Number
Enclosed is a check for th	ne 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)

Mailing Address:

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Registration Section
Division of Corporations

TO:

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

(Name of the Limited (A	Liability Company as it now appears on e Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liab lorida document number L23000042900	oility Company were filed on 01/23/2	and assigned
his amendment is submitted to amend the follow	ring:	
. If amending name, enter the new name of the	he limited liability company here:	
VIVIDIANCE LLC		
he new name must be distinguishable and contain the word	ds "Limited Liability Company," the designa	ntion "LLC" or the abbreviation "L.L.C."
inter new principal offices address, if applicab	le: N/A	107h
Principal office address MUST BE A STREET.		E C
	<u> </u>	12
		-
nter new mailing address, if applicable:	N/A	. · · · · · · · · · · · · · · · · · · ·
Mailing address MAY BE A POST OFFICE BO		30
		· · · · · · · · · · · · · · · · · · ·
3. If amending the registered agent and/or reg gent and/or the new registered office address l	istered office address on our record	ls, enter the name of the new reg
Name of New Registered Agent:	N/A	
New Registered Office Address:	N/A	
	Enter Florida st	reet address
		, Florida
	City	Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

**GALLERY DANCE LLC** 

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
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			□Remove
			Change
			□Remove
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Effective date, if o	ther than the dai	e of filing	. 01/01/202	5		(4	optional)		
f an effective date is li Note: If the date in locument's effectiv	sted, the date must be serted in this block	specific and o does not me	cannot be prio	r to date of f cable statut		than 90 days	after filing.)		
record specifies a od is filed.	clayed effective da	te, but not a	an effective	time, at 12:	01 a.m. on t	he earlier o	f: (b) The	e 90th day af	ter the
	. 00		2024	<u></u> .	- //	,			
Dated DECEMBER	.,09	¹			$\sim \mathcal{V}/$	~	•		
Dated DECEMBER	.,09	0	7/	Z	JL	M	•		
Dated DECEMBER		lature of a m	nember or auth	Oorized repro	esentative of a	n member			

D.

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Filing Fee: \$25.00