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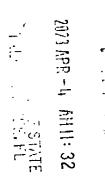
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COVER LETTER

TO:

Registration Section

Division of Co	orporations				
	BALLET ACADEMY LLC				
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	GONZALEZ, ALEJANDI	RO			
		Name of Person		_	
	TOBIA'S BALLET ACAI	DEMY LLC			
	-	Firm/Company		-	
	10082 SW 144 AVE				
		Address	····	- <i>cr</i> 	2023
	KENDALL, FL 33186				2023 APR -4
		City/State and Zip Code	<u>-</u>	- <i>'</i> :	
	accounting@amtaxserv.net	to be used for future annual report not	: 67:	- /-	Ē
For further information	concerning this matter, please c		inicación)	SIME	MHH: 32
GONZALEZ, ALEJANDRO 830 308-9168				•	
Name	of Person	at () Area Code Daytin	ne Telephone Number	r	
linelosed is a check for	the following amount:				
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Fi Certifica Certified (additional	te of Stat Copy	tus &
Mailing Addre Registration Division of (P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of	rporations	10	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limite</u>	d Liability Compa A Florida Limited I	ny as it now appears on our rece Liability Company)	ords.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{02/17}{100000000000000000000000000000000000$		were filed on <u>02/17/2023</u>	and assigned
This amendment is submitted to amend the follo			
A. If amending name, <u>enter the new name of</u>	the limited liab	ility company here:	
N/A			
he new name must be distinguishable and contain the we	ords "Limited Liabi	lity Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	202
		N/A	FIEL 32
3. If amending the registered agent and/or regent and/or the new registered office addres		address on our records, <u>ent</u>	er the name of the new registe
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Errer Florida street ada	bess
	N/A		Florida N/A
		City	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

Title	Name	<u>Address</u>	Type of Action
MGR	RODRIGUEZ, ODALMIS	10082 SW 144 AVE	= Add
		KENDALL. FL 33186	Петюve
			□Change
			□Add
		-	□Remove
			Change
			Remove Change
			□ Add
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rument's effective date on the De	partment of State's reco	rds.				
ecord specifies a delayed effective is filed.	date, but not an effective	te time, at 12:01 a.m.	on the earlier of: (b)		dāgatie	r the
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MARCH 27	2023			•	<i>></i> ⊃	* ::
<u></u>	·	<i>,</i>			-	
				: :	至	·
	Signatur of a member or a			- 111		٠

Typed or printed name of signee