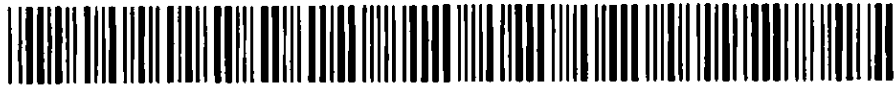


**L23000162018**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000373232 3)))



H240003732323ABC-

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.**  
Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : ASAP ACCOUNTING SERVICES INC  
Account Number : I20180000009  
Phone : (239)352-4099  
Fax Number : (239)919-8333

FILED  
2024 NOV -8 PM 5:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: asapaccounting@me.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**

**EBK DRY CLEANER, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

RECEIVED  
2024 NOV -8 PM 4:39  
DIVISION OF CORPORATIONS

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

K. SALY

NOV 12 2024

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: **EBK DRY CLEANER LLC**

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**ALBERTO EDISON BOLANOS**

\_\_\_\_\_  
Name of Person

**EBK DRY CLEANER LLC**

\_\_\_\_\_  
Firm/Company

**12975 COLLIER BLVD - SUITE 108**

\_\_\_\_\_  
Address

**NAPLES, FL 34116**

\_\_\_\_\_  
City/State and Zip Code

**asapaccounting@me.com**

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**ALBERTO EDISON BOLANOS**

239 910-0549  
at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the 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:**

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  
2024 NOV -8 PM 5:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

EBK DRY CLEANER LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03/31/2023 and assigned  
Florida document number L23000162018.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

DANCING FOR A DREAM 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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

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>	<u>Type of Action</u>
MGR	SANTIAGO N MICALE	5249 JENNINGS ST	<input checked="" type="checkbox"/> Add
		NAPLES, FL 34113	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DANIELA V MARIANI	5249 JENNINGS ST	<input checked="" type="checkbox"/> Add
		NAPLES, FL 34113	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2024 NOV 18 PM 5:12  
FALLAH SECRET LORRA  
SECRET

FILED

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

SECRET  
ITALIA  
ABSEI.  
FLORID

2024 NOV -8 PM 5:12

FILED

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an 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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated NOVEMBER 5

207

23/11/19

Signature of a member or authorized representative of a member

ALBERTO E BOLANOS

Typed or printed name of signee

**Filing Fee: \$25.00**