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Certified Copies	Certificates	of Statue
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Special Instructions to	Filing Officer:	
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COVER LETTER

Registration Section
Division of Corporations

Tallahassee, FL 32314

TO:

	oorwork Dance Studio LLC		
SUBJECT:	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:	
	Georganna Griffith		
		Name of Person	
	Frank E. Maloney, Jr., P.A		
		Firm/Company	
	445 East Macclenny Aven	ue	
		Address	
	Macclenny, Florida 32063		
		City/State and Zip Code	·
	m.flo1825@gmail.com		
	E-mail address: (to be used for future annual report not	itication)
For further information of	oncerning this matter, please c	all:	
Georganna Griffith		904 259-3155 at ()	
Name o	f Person	Area Code Daytir	ne 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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	action
Registration : Division of C		Registration Se Division of Co	
P.O. Box 632		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fabulous Footwork Dance Studio 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 $\frac{08/25/2023}{}$ and assigned Florida document number L23000400901 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 6924 W Mt Vernon Street Enter new principal offices address, if applicable: Suite 101 (Principal office address MUST BE A STREET ADDRESS) Glen St Mary, FL 32040 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 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
MGR	Marie Flores	5245 OCean Street	■Add
		Sanderson, FL 32087	□Remove
			□Change
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record specifies a delayed effectiv is filed.	e date, but not ar	n effective time	e, at 12:01 a.m. o	on the earlier of: ()	b) The 90th day a	fter the
September 19		2023				
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<u> </u>	Signature of a me	miber or authoriz	red representative	of a member		

Filing Fee: \$25.00