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(Re	equestor's Name)	
(Ad	idress)	
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(Cit	ty/State/Zip/Phone #	7)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name)
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Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	
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COVER LETTER

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то: ′	Registration Security Division of Cor		٠.	•
		ANCE PERFORMING ARTS	, LLC	
SUBJE	CT:	Name of Limi	ited Liability Company	
The enc	losed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		ROBERT MORRISON		
			Name of Person	
		NEW ALLIANCE PERFO	RMING ARTS, LLC	
			Firm/Company	
		1825 SE 7TH ST		
			Address	
		CAPE CORAL, FL 33990)	
			City/State and Zip Code	
		NAPAPearlCruz@gmail.co	m to be used for future annual report notif	inution)
For furt	her information c	oncerning this matter, please ca	all:	
ROBER	RT MORRISON		239 771-9911 at ()	1
	Name o	f Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for the	he following amount:		;
■ \$25	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	 \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration S Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NEW ALLIANCE PERFORMING A		······································
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab	pility Company were filed on JANUARY 10, 2024	and assigned
Florida document number L24000023561		
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicat	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	
1		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u> </u>	
B. If amending the registered agent and/or reg agent and/or the new registered office address	gistered office address on our records, <u>enter the</u> <u>here</u> :	name of the new registere
		, , , , , , , , , , , , , , , , , , ,
Name of New Registered Agent:		
New Registered Office Address:		<u> </u>
	Enter Florida street address	
	, Florid	
	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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	PEARL CRUZ	1825 SE 7TH ST	
		CAPE CORAL FL 33990	Remove
			□Сһапде
MGR	ROBERT MORRISON	1825 SE 7TH ST	≣ Add
		CAPE CORAL FL 33990	□Remove
			Change
			□Add
			□Remove
			Change
		Remove	
			☐Change
			☐Add
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			□Add
			□Remove
			□Change

		
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Typed or printed name of signee