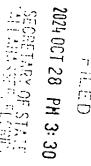
L24000421515





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COVER LETTER

TO: Registration Section

| Divi | ision of Cor | porations | | | | |
|-----------------------------------------------|--------------|----------------------------------------------|-----------------------------------|-----------------------------------------------|--|--|
| SHDIECT. | Eternal Bal | lerina LLC | | | | |
| SUBJECT: | | Name of Lim | ited Liability Company | | | |
| The englaced | I A: | A | Name of Person | | | |
| The enclosed | Articles of | Amendment and tee(s) are suc | mitted for filing. | | | |
| Please return | all correspo | ondence concerning this matter | to the following: | | | |
| | | Allison Robles | | | | |
| | | | Name of Person | | | |
| | | | Firm/Company | | | |
| | | 5140 Floria Way Apt H | | | | |
| | | | Address | | | |
| | | Boynton Beach, Florida 33 | 3473 | | | |
| | | contact@eternalballerina.cc | • | | | |
| | | E-mail address: (| to be used for future annual repo | ort notification) | | |
| For further in | nformation c | oncerning this matter, please c | all: | | | |
| Allison Roble | es | | |)7 7 | | |
| | Name o | f Person | Area Code I | Daytime Telephone Number | | |
| Enclosed is a | check for th | ne following amount: | | | | |
| ■ \$25.00 F | iling Fee | ☐ \$30.00 Filing Fee & Certificate of Status | Certified Copy | Certificate of Status & Certified Copy | | |
| | ling Addres | | | | | |
| Registration Section Division of Corporations | | | | Registration Section Division of Corporations | | |
| P.O. Box 6327 | | | | The Centre of Tallahassee | | |
| Tall | lahassee, I | FL 32314 | 2415 N. M | onroe Street, Suite 810 | | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Eternal Ballerina LLC | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|---------------------------|
| (<u>Name of the Limited Liability Com</u> (A Florida Limite | pany as it now appears on our recorded Liability Company) | <u>ds.</u>) |
| The Articles of Organization for this Limited Liability Comparation for the Limited Liability Comparation document number <u>L24000421515</u> . | ny were filed on | and assigned . |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited li | ability company here: | |
| he new name must be distinguishable and contain the words "Limited Lia | ability Company," the designation "LLC | |
| Enter new principal offices address, if applicable: | | 2024 SE |
| Principal office address MUST BE A STREET ADDRESS) | | |
| Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) | | 28 PH 3: 30 |
| 3. If amending the registered agent and/or registered offic gent and/or the new registered office address here: | e address on our records, <u>enter</u> | the name of the new regis |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street addre. | SS |
| | I:·I | lowida |
| | City , F1 | lorida 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> | Address | Type of Action |
|--------------|----------------|---------------------------------------------------|-----------------|
| AMBR | Allison Robles | 5140 FLORIA WAY APT H | |
| | | BOYNTON BEACH, FL 33437 | □Remove |
| | | | ■ Change |
| AMBR | Juan Pico | 5140 FLORIDA WAY APT H BOYNTON BEACH, FL 33437 | □Add |
| | | BOYNTON BEACH, FL 33437 | 🗀 Remove |
| | | | = Change |
| | | | □ Add |
| | | | □ Remove |
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| Add EIN: 33-1341431 | | | | |
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| ective date, if other than the a effective date is listed, the date muster. If the date inserted in this blument's effective date on the Doment's | t be specific and cannot be prior to da ock does not meet the applicable | te of filing or more than 90 d statutory filing requireme | _ (optional) ays after filing.) Pursuant to 605 ents, this date will not be liste | .0207 (3)(b) ed as the |
| cord specifies a delayed effective s filed. | e date, but not an effective time, a | at 12:01 a.m. on the earlie | er of: (b) The 90th day after | the |
| October 14th | . 2024 | | | |
| | | | | |
| Wilson Pobles | Signature of a member or authorized | representative of a marsh | | |