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| PICK-UP | ☐ WAIT | . MAIL | | |
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| Certified Copies | Certificate: | s of Status | | |
| Special Instructions to | Filing Officer: | | | |
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C. LEWIS NOV 1 0 2008 **EXAMINER**

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT: BROWARD / MIAMI ELITE CHEER & DANCE COMPANY 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: **WAYNE SUESS** (Name of Person) BROWARD / MIAMI ELITE CHEER & DANCE COMPANY LLC (Firm/Company) **420 COCONUTCIRCLE** (Address) **WESTON, FL, 33326** (City/State and Zip Code) For further information concerning this matter, please call: **WAYNE SUESS** (Area Code & Daytime Telephone Number) (Name of Person) Enclosed is a check for the following amount: **2** \$25.00 Filing Fee □\$30.00 Filing Fee & □\$55.00 Filing Fee & □\$60.00 Filing Fee,

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

Certificate of Status

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Certificate of Status &

(additional copy is enclosed)

Certified Copy

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED

2008 NOV -7 AM 11: 10

BROWARD / MIAMI ELITÉ CHEER & DANCE COMPANY 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 03/20/2006 | | | and assigned |
|--|--------------------|------------------------------------|----------------------------------|
| Florida document number L06000028947 | · | | |
| This amendment is submitted to amend the following | lowing: | | |
| A. If amending name, enter the new name of | f the limited liab | ility company here: | |
| N/A | | | • |
| The new name must be distinguishable and end w "L.L.C." | th the words "Limi | ted Liability Company," the design | nation "LLC" or the abbreviation |
| Enter new principal offices address, if applicable: | | N/A | |
| (Principal office address MUST BE A STRE | ET ADDRESS) | | |
| | | | |
| | | | |
| Enter new mailing address, if applicable: | | N/A | |
| (Mailing address MAY BE A POST OFFICE | BOX) | | |
| | | | |
| B. If amending the registered agent and | or registered of | fice address on our records | enter the name of the new |
| registered agent and/or the new registered of | | | cater the name of the new |
| | | | |
| Name of New Registered Agent: | N/A | | |
| New Registered Office Address: | | | |
| | | (Enter Florida st | treet address) |
| | | , Flor | rida |
| | | (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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member <u>Title</u> <u>Name</u> <u>Address</u> **Type of Action MGRM NESTOR DE LA PENA 247 NUGENT AVE, #1 ≢** ∕ Add Remove FORT LAUDERDALE FL 33312 US ☐ Add Remove Add 🎵 Remove ☐ Add Remove ☐ Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) AMENDMENT IS ONLY TO ADD AN ADDITION MANAGING MEMBER NAMED ABOVE 2008 Dated OCTOBER 17th a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00