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## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT:	Extreme	Dance Compan	W II C
The enclosed Articles o	Name of Limited Liability Company  icles of Amendment and fee(s) are submitted for filing.  correspondence concerning this matter to the following:  Legran Pont 270  Name of Person  Extreme Done Company  5735 Aliu Alcertar Terrace  Address  Port St. Lucie Fl. 34986  City/State and Zip Code  Miss Posses: (to be used for future annual report notification)  nation concerning this matter, please call:  Concorrespondence concerning this matter, please call:  Area Code  Daytime Telephone Number  ck for the following amount:		
Please return all corresp	ondence concerning this matter	to the following:	
	Lorra	Name of Person	
	Ext.		pany
	_5735_NW		<u>(e</u>
	Port St.		860
	MSPS & E-mail address: (		
For further information	concerning this matter, please co	all:	
Lorralin C Name	POOOO770 of Person	at ( <u>J(d)</u> <u>222</u> Area Code Daytime	8 63   Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	_		
Mailing Addra Registration Division of O P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Sect Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL.3	orations Illahassee Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u>extrem</u>	e Donce (	$\alpha 0 0 0 0 1$	LLC		
( <u>Name of the Limite</u> (	d Liability Company as it A Florida Limited Liability	now appears on o Company)	ur records.)		
The Articles of Organization for this Limited Lia Florida document number		filed on $3/3$	21/07	and assig	gned
This amendment is submitted to amend the follo	<del></del>				
this amendment is submitted to amend the folio	wing.				
A. If amending name, enter the new name of	the limited liability co	ompany here:			
The new name must be distinguishable and contain the we	ords "Limited Liability Con	npany," the designat	tion "LLC" or the a	bbreviation "L.L.	<u>C.</u> "
Enter new principal offices address, if applica	ble:			(=:	-
(Principal office address MUST BE A STREET	ADDRESS)		<del></del>	11	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE B	30X)		:	FI 2: 38	
B. If amending the registered agent and/or reagent and/or the new registered office address		s on our record	s, <u>enter the nan</u>	ne of the new	<u>registered</u>
Name of New Registered Agent:	Tyson.	Ponnoz	70		
New Registered Office Address:	5725	Enter Florida str		Terrare	
	Port st 1	wice	, Florida	34486	<u> </u>
	Ci	ù,		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
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<u>e:</u> If th	s effective date							
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