## L08000010474

<b>*</b> ***********************************					
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
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OR MAY 27 PM 2: (
SECRETARY OF STATE

T. HAMPTON

MAY 2 8 2008

EXAMINER

## **COVER LETTER**

TO:	Registration Secti Division of Corpo			
SUBJE	CT: Dance So	uth Florida, LLC		
•		(Name of Limi	ited Liability Company)	
The end	closed Articles of An	nendment and fee(s) are sub	mitted for filing.	
Please 1	etum all correspond	ence concerning this matter	to the following:	
		Jenr	nifer Campos	
			(Name of Person)	
			(Firm/Company)	
1073			) N Preser <b>w</b> e Way No. 105	
			(Address)	
Mira			nar, FL 33025 (City/State and Zip Code)	
For furt	her information cond	cerning this matter, please ca	all:	
Francisco Fuentes			at (954) 479-9878	
	(Name of P	erson)	(Area Code & Daytime	Telephone Number)
Enclose	d is a check for the f	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 ADDRESS: Registration Section			STREET/COURIER Registration Section	R ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

08 MAY 27 PN 2: 01

SECRETARY OF STATE
TALLAHASSEE FI ORINA

## 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.

(City)

(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 Title . Address Type of Action <u>Name</u> <u>imh</u> Add Remove MGRM Francisco Fuentes 10730 N Preserve Way X Add No. 105 ☐ Remove Miramar, FL 33025 Add Remove ∏Add Remove Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated \_ Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00