

L08000022734

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. HAMPTON  
FEB -4 2014

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Lents Pilates, L.L.C.  
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:

Brittany Lents  
Name of Person

Lents Dance Company  
Firm/Company

644 Heron Drive  
Address

DeLray Beach, FL 33444  
City/State and Zip Code

bangeldance@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brittany Lents at (561) 901-5515  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the 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  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Lents Pilates, L.L.C.

(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 3/4/08 and assigned  
Florida document number L08000022734.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Lents Dance Company, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC," or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

644 Heron Drive

DeLray Beach, FL 33444

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

(Same As Above)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Bri ttany Lents

New Registered Office Address:

644 Heron Drive

Enter Florida street address

DeLray Beach  
City

Florida 33444  
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.

X [Signature]  
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>	<u>Type of Action</u>
MGRM	Brittany Lents	644 Heron Drive	<input checked="" type="checkbox"/> Add
		DeLray Beach, FL 33444	<input type="checkbox"/> Remove
MGRM	Cheryl Lents	8601 Surrey Lane	<input type="checkbox"/> Add
		Boca Raton, FL 33496	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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Add  
Remove  
Add  
Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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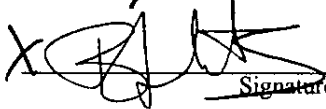
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Dated January 30, 2014



Signature of a member or authorized representative of a member

Brittany Lents

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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