

LO9000070477

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

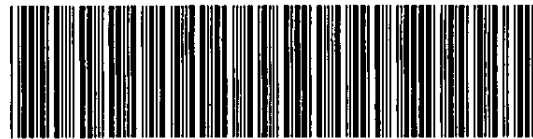
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500296394525

03/22/17--01013--008 **55.00

FILED
17 MAR 22 AM 8:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT

MAR 24 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: IndependANCE Studio 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:

Mary Knestrick

Name of Person

IndependANCE Studio LLC

Firm/Company

5745 SW 175th St, #311

Address

Gainesville, FL 32608

City/State and Zip Code

independancestudio@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary Knestrick

Name of Person

at (352)

Area Code

871-3018

Daytime Telephone Number

FILED
17 MAR 22 AM 8:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**

IndependANCE Studio 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 7/22/2009 and assigned
Florida document number 27-0591490

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain 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) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____
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 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>	<u>Address</u>	<u>Type of Action</u>
MGRM	Day, Timothy	17205 NW 171 Place	<input type="checkbox"/> Add
		Alachua, FL 21615	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Day, Joli	17205 NW 171 Place	<input type="checkbox"/> Add
		Alachua, FL 21615	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
MAR 22 AM 8:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY
TALAHASSE

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207(3)(b)

FILED
MAR 22 AM 8 22
17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Pursuant to 605.0207(3)(b)

Dated March 17, 2017.

Mary B. Knestrick

Filing Fee: \$25.00