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(Document Number)

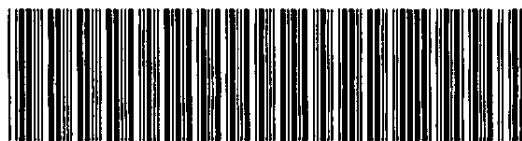
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Miami Gymnastics & Dance Academy, 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:

Natalia Pyrig
Name of Person

Miami Gymnastics & Dance Academy, LLC
Firm/Company

1935 NE 150 St.
Address

N. Miami, FL 33181
City/State and Zip Code

MiamiGymnastics@gmail.com
E-mail address (to be used for future annual report notification)

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SECRETARY OF STATE

For further information concerning this matter, please call:

Natalia Pyrig at (305) 761 4884
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

Miami Gymnastics & Dance Academy, 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 Apr. 20, 2010 and assigned
Florida document number 110000042357

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 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)

Natalia Pyrig

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1935 NE 150 St.
N. Miami, FL 33181

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:

Natalia Pyrig

New Registered Office Address:

1935 NE 150 St.

Enter Florida street address

N. Miami, Florida 33181
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

Title	Name	Address	Type of Action
MGR	Ganna Cherniavska	17001 Collins Av, #3302 Bunny Isles, FL 33160	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Miami Gymnastics and Dance Academy corp.	565 Lakeview Drive Miami Beach, FL 33140	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
Pres/ MGRM	Natalia Pyrig	565 Lakeview Drive Miami Bch, FL 33140	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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ALABAMA

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
Natalia Pyrig

Typed or printed name of signee