

L11000026752

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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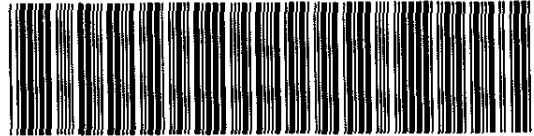
(Business Entity Name)

(Document Number)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 NOV 28 PM 12:52

B Tadlock NOV 29 2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Florida Get Dancing, 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:

Kim Lyons
Name of Person

Firm/Company

3525 Agricultural Center Dr.
Address

St. Augustine Florida 32052
City/State and Zip Code

Florida Get Fit @ Yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kim Lyons at 904 994 2053
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**

Florida Get Dancing LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

11 NOV 28 PM 12:58
SECRETARY OF STATE
DIVISION OF CORPORATIONS

The Articles of Organization for this Limited Liability Company were filed on 03/03/2011 and assigned

Florida document number L11000026752

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)

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:

Patricia A. Makepeace

New Registered Office Address:

2899 Bass Haven LN

Enter Florida street address

St Augustine
City

Florida

32092
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.

Patricia A. Makepeace
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
MGRM	Kim Lyons	52 Tuscan Way Ste 202 St Augustine FL 32092	#155 <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	George T Lyons	528 Cedar Arbor Ct St Augustine FL 32084	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
Registered Agent	Mary Gibbs	528 Cedar Arbor Ct St Augustine FL 32084	<input type="checkbox"/> Add <input checked="" 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

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

Dated November 22, 2011

G T Lyons
Signature of a member or authorized representative of a member
George Toby Lyons
Typed or printed name of signee