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TO: Registration Section
Division of Corporations

Competitive Edge Dance 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:

Abby Richter		
Name of Person		
Firm/Company		
924 SE 14 Street		
Address		
Cape Coral, FL 33990		
City/State and Zip Code abby.competitiveedge@gmail.com		

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

For further information concerning this matter, please call:

Abby Richter

Name of Person

at (239) 560-2149

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

S25.00 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

Competitive Edge Dance Studio, LLC

(Name of the Limited Liability Compan (A Florida Limited L	ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L11000122114	were filed on October 25, 2011.	and assigned DIVISION SECURI
This amendment is submitted to amend the following:		95.55 3.22
A. If amending name, enter the new name of the limited liab	ility company here:	PA - 300
The new name must be distinguishable and end with the words "Limit" L.L.C."	ted Liability Company," the designation "Ll	_C" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Enter new mailing address, if applicable:	924 SE 14 Street	
(Mailing address MAY BE A POST OFFICE BOX)	Cape Coral, FL 33990	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ne name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	ress
	, 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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	Michael Richter	5949 Tarpon Gardens Circle	Add
		Apt. # 102	Remove
		Cape Coral, FL 33914	
MGRM	Gail Richter	5949 Tarpon Gardens Circle	Add
		Apt. # 102	Remove
		Cape Coral, FL 33914	
			Add
			Remove
			DIVISION
			Add fix
			PREMIONS
			Add
			Remove
			
			Add
			Remove

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	2012
Dated	<u>8/14</u> , <u>2013</u> .
	All Richtes
	Signature of a member or authorized representative of a member
	Abby Richter U
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

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