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TALLAHASSEE, FLORIDA

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SEP 13 2016

D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: All Around Gymnastics 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:

LYNNETH BAUMKER
Name of Person

All Around Gymnastics Academy
Firm/Company

1013 SE Holbrook Ct.
Address

PT. ST. LUCIE FL 34952
City/State and Zip Code

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

For further information concerning this matter, please call:

LYNNETH BAUMKER at (272) 337-3000
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

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All Around Gymnastics Academy LLC

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
AMBR	Lori Dillon	820 S 7th St.	<input checked="" type="checkbox"/> Add
		FL. PIERCE FL	<input type="checkbox"/> Remove
		34950	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

NO CHANGES

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated September 7, 2016.

Lynnett Baunker

Signature of a member or authorized representative of a member

LYNNETT BAUNKER

Typed or printed name of signee

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Filing Fee: \$25.00

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