

L15000049819

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

JUL 22

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: IGNYTE PERFORMING ARTS LEARNING CENTER 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:

HAYDEE R RODRIGUEZ

Name of Person

Firm/Company

3054 RISING MIST CT

Address

KISSIMMEE FL 34744

City/State and Zip Code

IGNYTEDANCESTUDIO@YAHOO.COM

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

For further information concerning this matter, please call:

HAYDEE R. RODRIGUEZ

407

414-7299

at ()

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

Page 1 of 3

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>
MMGR	GIOVANNI GOTAY	603 STANFORD LN APT 301	<input type="checkbox"/> Add
		KISSIMMEE FL 34744	<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
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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

_____, _____
Joseph R. Reifman
 Signature of a member or authorized representative of a member

HAYDEE R. RODRIGUEZ

Typed or printed name of signee