L15000049819

(Re	equestor's Name)	
(Ac	ldress)	· · · · · · · · · · · · · · · · · · ·
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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2016 JUL 21 PM 3: 40
SECRETARY OF STATE
ASSESSED FOR IRRIGATION

K.SALY EXMINER JUL 22

COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Div	ision of Cor	porations		
SUBJECT:	IGNYTE P	ERFORMING ARTS LEARN	ING CENTER LLC	
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	1 Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence 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) on concerning this matter, please call: IGUEZ 407 414-7299 at (
			3054 RISING MIST CT	<u> </u>
			Address	
			KISSIMMEE FL 34744	
City/State and Zip Code				
				fication)
For further is	nformation o	,	·	reactory
HAYDEE R	R. RODRIGU	/EZ	at ()	
	Name of	f Person	Area Code Daytim	e Telephone Number
Enclosed is a	a check for th	ne following amount:		
≅ \$25.00 F	Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	Registr			on

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



IGNYTE PERFORMING ARTS LEARNING CENTER 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 Florida document number L15000049819	were filed on 03/19/2015 and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	1038 AERONAUTICAL DR		
(Principal office address MUST_BE A STREET ADDRESS)	KISSIMMEE FL 34744		
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here			
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	, 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 605, 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 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>	Type of Action
MMGR	GIOVANNI GOTAY	603 STANFORD LN APT 301	🖸 Add
		KISSIMMEE FL 34744	■ Remove
			Change
			Remove
			Change
			Add TALLOR Remove TALLOR REMOVE TALLOR CHANGE TALLOR CHANGE
			Change Change Change Remove
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fan effective date is Note: If the date i	other than the dat listed, the date must be nserted in this block ve date on the Depar	specific and cannot does not meet the	e applicable statutory	g or more than 90 days y filing requirements,	ptional) after filing.) Pursuant this date will not b	to 605.0207 oe listed as
e record speci The 90th day	fies a delayed ef after the record	fective date, is filed.	but not an effect	tive time, at 12:0	1 a.m. on the	earlier o
Dated	#		7 //			_
	1 10	wolk		resy C		
	Sig	nature of a member	r or authorized represen	ntative or a member		

Page 3 of 3

Filing Fee: \$25.00