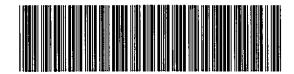
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: TWinkle Toes Dance School LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filling.	
Please return all correspondence concerning this matter to the following:	
Malani D. Ramirez	
Captured Memories LLC	
1396 71st street	
Miami, Beach, FL. 33141 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Malani D. Ramirez at 305, 804-9845  Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee,  Certificate of Status Certified Copy (additional copy is enclosed)  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

<u> </u>	Jance School LL	<u>c</u>
( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our re- imited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Cor	mpany were filed on Apcil	18,2016 and assigned
Florida document number L16000075711		
riorida document number 210000 13 111	u•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
Captured Memor	cies LLC	
The new name must be distinguishable and contain the words "Limite	ed 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 ADDRE	ess)	
		第9 第
		58 8 Vi
V-4		
Enter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·	
(Mailing address MAY BE A POST OFFICE BOX)		
		<del>2</del> =
B. If amending the registered agent and/or registe		ords, enter the name of the nev
registered agent and/or the new registered office addre	ess here:	• **
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	ldress
		. 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** □ Add ☐ Remove ☐ Change □ Add ☐ Remove □ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove <u>\_\_</u>; \_☐\_Change Ü □"Add □ Remove <u>بر</u> دن ☐ Change □ Add ☐ Remove

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te: If	e date, if other than the date of filing:  (optional)  tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.03  'the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed it's effective date on the Department of State's records.  In specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 10th day after the record is filed.
he 9	
	September 12, 2016.
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	Malarie D - Ramirce Signature of a member or authorized representative of a member
	Maloni D - Ramiron Signature of a member or authorized representative of a member
	Malarie D - Ramirce Signature of a member or authorized representative of a member