

46000086316

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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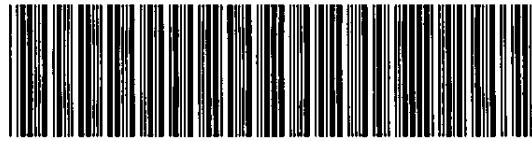
(Business Entity Name)

(Document Number)

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S. YOUNG

FLORIDA  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 NOV 21 PM 3:30

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** \_\_\_\_\_  
Fusion Dance Company 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:

Diana Grifin

\_\_\_\_\_  
Name of Person

Fusion Dance Company LLC

\_\_\_\_\_  
Firm/Company

38501 US HWY 19 N

\_\_\_\_\_  
Address

Palm Harbor Fl 34684

\_\_\_\_\_  
City/State and Zip Code

MissDianaGriffin@FusionDance.Co

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

For further information concerning this matter, please call:

Diana Griffin

727 643-1229

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_  
Area Code

Daytime Telephone Number

16 NOV 21 PM 3:30  
TALLAHASSEE, FLORIDA  
REGISTRATION SECTION  
FLORIDA STATE  
AGENCY

Enclosed is a check for the following amount:

<input checked="" type="checkbox"/> \$25.00 Filing Fee	<input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status	<input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input type="checkbox"/> \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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**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**

Fusion Dance Company 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 were filed on May 19, 2016 and assigned Florida document number L16000086316.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

38501 US HWY 19N

**(Principal office address MUST BE A STREET ADDRESS)**

Palm Harbor Fl 34684

**Enter new mailing address, if applicable:**

38501 US HWY 19 N

**(Mailing address MAY BE A POST OFFICE BOX)**

Palm Harbor Fl 34684

16 MAY 21 PM 3:  
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2016

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

**Name of New Registered Agent:** Griffin Diana L

**New Registered Office Address:** 38501 US HWy 19 N

*Enter Florida street address*

**Palm Harbor** **34684**

*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**

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

Address for AMBR MGR is 38501 US HWy 19 N Palm Harbor Fl 34684

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TALLAHASSEE, FLORIDA

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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(If an effective 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 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

11/16/2016

Signature of a member or authorized representative of a member

Typed or printed name of signee