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J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: THANIUM DONCE Challenge (LC) 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:
Ashley Massicotte
Titanium Dance Challenge UC
4045 Shoreside Circle
Tampa FL 33624 City/State and Zip Code Info@+i+aniumdance, wm E-mail address! (to be used for future annual report notification)
For further information concerning this matter, please call:
ASNICY MOSSICOTTO at (813) 390 - 7849 Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$\frac{1}{2} \ \frac{525.00 \text{ Filing Fee}}{2} \ \frac{530.00 \text{ Filing Fee} & Certified Copy (additional copy is enclosed)} \$\frac{1}{2} \ \frac{525.00 \text{ Filing Fee} & Certified Copy (additional copy is enclosed)} \$\frac{1}{2} \ \frac{560.00 \text{ Filing Fee} & Certified Copy (additional copy is enclosed)} \$\frac{1}{2} \ \frac{560.00 \text{ Filing Fee} & Certified Copy (additional copy is enclosed)} \$\frac{1}{2} \ \frac{1}{2} \ \frac{1}

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

s it now appears on our records.) lity Company) re filed on 1310 and assigned re company here:
company here:
Company," the designation "LLC" or the abbreviation "L.L.C."
·
<u> </u>
1045 Shoreside circle Tampa FL 331024
e address on our records, enter the name of the new
Enter Florida street address
. Florida City Zip Code
o act in this capacity. I further agree to comply with the formance of my duties, and I am familiar with and vided for in Chapter 605, F.S. Or, if this document is dress, I hereby confirm that the limited liability

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 Type of Action **Title** <u>Name</u> **Address** MGR COUNTRY KUMPZ 4907 Bayshore Blud #123 Tampa FL 33611 ☐ Change ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove □ Remove ာ့ □ Change □ Add ☐ Remove ☐ Change

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	er than the date of f	not meet the applicab	date of fining of more	(option: than 90 days after fili quirements, this da	ng.) Pursua	ant to 605.0 ot be listed
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record specifies	s a delayed effectiver the record is file		an effective tim	e, at 12:01 a.n	n. on th	e earlier
te: If the date insercument's effective date record specifies the 90th day aft	a delayed effectiver the record is fil		an effective tim	e, at 12:01 a.n	n. on th	e earlier
te: If the date insercument's effective d	a delayed effectiver the record is fil	led. 	an effective tim	-	n. on th	e earlier

Page 3 of 3

Filing Fee: \$25.00