

L17000117321

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Expressions Performing Arts Orlando  
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:

Deborah Kline  
Name of Person

Expressions Performing Arts Orlando  
Firm/Company

1012 Great Shady Ln  
Address

Orlando, FL 32825  
City/State and Zip Code

Expressions Performing Arts FL@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Deb Kline at (407) 6183025  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

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

Expressions Performing Arts Orlando  
(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 June 1, 2017 and assigned  
Florida document number L17000117321

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:

(Principal office address MUST BE A STREET ADDRESS)

1012 Great Shady Ln  
Orlando, FL 32825

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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**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:

Deborah Kline

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>      | <u>Type of Action</u>                   |
|--------------|---------------|---------------------|---|
| MGR          | Deborah Kline | 1012 Great Shady Ln | <input checked="" type="checkbox"/> Add |
|              |               | Orlando, FL 32825   | <input type="checkbox"/> Remove         |
|              |               |                     | <input type="checkbox"/> Change         |
| AMBR         | Nathan Kline  | 1012 Great Shady Ln | <input checked="" type="checkbox"/> Add |
|              |               | Orlando, FL 32825   | <input type="checkbox"/> Remove         |
|              |               |                     | <input type="checkbox"/> Change         |
|              |               |                     | <input type="checkbox"/> Add            |
|              |               |                     | <input type="checkbox"/> Remove         |
|              |               |                     | <input type="checkbox"/> Change         |
|              |               |                     | <input type="checkbox"/> Add            |
|              |               |                     | <input type="checkbox"/> Remove         |
|              |               |                     | <input type="checkbox"/> Change         |
|              |               |                     | <input type="checkbox"/> Add            |
|              |               |                     | <input type="checkbox"/> Remove         |
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|              |               |                     | <input type="checkbox"/> Remove         |
|              |               |                     | <input type="checkbox"/> Change         |

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TALLAHASSEE, FLORIDA

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**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.

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

Dated Aug. 29, 17.

*[Handwritten signature]*

Signature of a member or authorized representative of a member

Deborah Kline

Typed or printed name of signee