

L190000048060

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

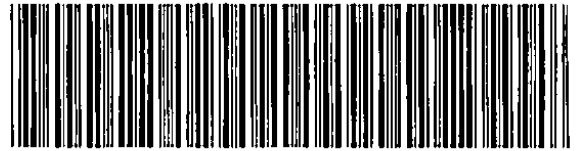
(Business Entity Name)

(Document Number)

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2019 JUL - 1 10:10 AM

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JUL 02 2019

I ALBRITTON

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Dance Center of Florida L.L.C.
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:

Denasia Moore
Name of Person

Dance Center of Florida
Firm/Company

300 S Biscayne Blvd Apt 1202
Address

Miami, FL 33131
City/State and Zip Code

denasia.moore@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Denasia Moore at (347) 350-3313
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 &
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) |
|--|--|--|--|

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 6, 2019

DENASJA MOORE
300 S. BISCAYNE BLVD
APT. 1202
MIAMI, FL 33131

SUBJECT: DANCE CENTER OF FLORIDA L.L.C.
Ref. Number: L19000048060

We have received your document for DANCE CENTER OF FLORIDA L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

You failed to sign the form and type print the name of the signee.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 219A00009071

RECEIVED

2019 JUL -1 PM 3:55

STATE OF FLORIDA

2019-02-11 10:04

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

This amendment is submitted to amend the following:

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

2840 NW 7th Avenue
Miami, FL 33127

2840 NW 7th Avenue
Miami, FL 33127

33127
Zip Code

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being 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	Clein De Araujo	2840 NW 7th Avenue	<input checked="" type="checkbox"/> Add
		Miami, FL, 33127	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Denasia Moore	2570 NW 7th Avenue	<input type="checkbox"/> Add
		Miami, FL 33127	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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(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

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

Cle. De Araujo
Typed or printed name of signee