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SECRETARY OF STATE FALL AHASSIT, FLORIDA

FILED

Way Jo Soul

COVER LETTER

SUBJECT: The Dane	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	condence concerning this matter	to the following:	
	John J Tiemeyer		
		Name of Person	
	The Dance Collective LL	С	•
	and the second of the second o	Firm/Company	<u> </u>
	7521 NW 86th Ter, #102		
		Address	
	Tamarac, FL 33321		
	jjtiemeyer@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information	concerning this matter, please c	all:	
John J Tiemeyer		at (937) 673-2820 Daytime	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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

The Dance Collective LLC		
(Name of the Lin	ited Liability Company as it now appears on our records (A Florida Limited Liability Company)	,)
The Articles of Organization for this Limited Florida document number	Liability Company were filed on April 4, 2019	and assigned
his amendment is submitted to amend the fo	llowing:	
. If amending name, enter the new <u>name</u>	of the limited liability company here:	
ne new name must be distinguishable and contain the	words "Limited Liability Company," the designation "LLC"	- -
nter new principal offices address, if appli	cable:	AR PR
Principal office address MUST BE A STREET ADDRESS)		29 ASS
inter new mailing address, if applicable:		14. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
<u> Iailing address MAY BE A POST OFFICI</u>	EBOX)	· · · · · · · · · · · · · · · · · · ·
		
 If amending the registered agent and egistered agent and/or the new registered or 	l/or registered office address on our records, office address here:	enter the name of the
Name of New Registered Agent:	John J Tiemeyer	
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
	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

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Bethany L Michael		
		14794 Magnolia Ridge Loop	
		Winter Garden, FL 34787	■ Remove
			5 0
		····	Change
AMBR	Nathaniel R Michael		
		14794 Magnolia Ridge Loop	
		Winter Garden, FL 34787	■ Remove
			<u> </u>
			9 AF
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing	
e: If the date inserted in this block does not meet the applicable statutory ument's effective date on the Department of State's records.	villing requirements, this date will not be listed a
record specifies a delayed effective date, but not an effect	tive time, at 12:01 a.m. on the earlier
he 90th day after the record is filed.	
7 - 19	
ed April 25 . 2019	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00