

L19 000 106436

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

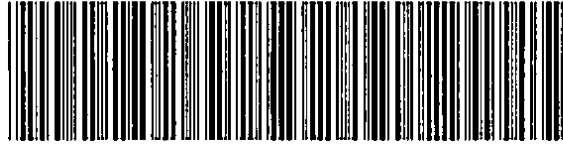
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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19 JAN 13 AM 7:00  
JAN 13 2020

JAN 13 2020  
S. YOUNG

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Kinderdance of SWFL, 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:

Djhulia Legiste

Name of Person

Kinderdance of SWFL, LLC

Firm/Company

1418 Pine Ave

Address

Lehigh Acres, FL 33972

City/State and Zip Code

kdlcgiste@gmail.com

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

For further information concerning this matter, please call:

Djhulia Legiste

239

239-910-5024

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for 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  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Kinderdance of SWFL, 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 April 18, 2019 and assigned  
Florida document number L19000106436.

This amendment is submitted to amend the following:

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

BKIDS GYM & FITNESS OF SWFL, LLC

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:**

1315 Homestead Rd. N.

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

Lehigh Acres, FL 33936

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

1418 Pine Ave

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

Lehigh Acres, FL 33972

**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:

Djulia Legiste

New Registered Office Address:

1315 Homestead Rd N.

*Enter Florida street address*

Lehigh Acres

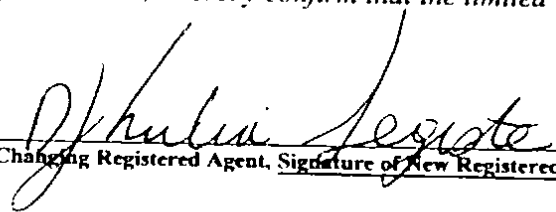
Florida FL 33936

*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

[illegible]

[illegible]

(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)

**Dated** 12.05

2019

Signature of a member of authorized representative of a member

## LAISNER CELLS

Typed or printed name of signer

**Filing Fee: \$25.00**