

120 0000 237700

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

J. HORNE

MAR 21 2022

Office Use Only



400383287424

03/10/22--01013--003 \*\*30.00

FILED  
2022 MAR 10 AM 11:43  
SECRETARY OF STATE  
FALL ARIZONA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Irina's Dance Fitness and Healing 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:

Irina Wetzel

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

7484 Central Blvd unit 14

\_\_\_\_\_  
Address

Jupiter FL 33458

\_\_\_\_\_  
City/State and Zip Code

irinamwetzel@gmail.com

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

For further information concerning this matter, please call:

Irina Wetzel

561 8277365  
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

2022 MAR 10 AM 11:44

SECRETARY OF STATE  
TALLAHASSEE, FLA.  
CORDS.)

**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>
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Case	Initial State	Final State	Operation
1	...	...	<input type="checkbox"/> Add
2	...	...	<input type="checkbox"/> Remove
3	...	...	<input type="checkbox"/> Change
4	...	...	<input type="checkbox"/> Add
5	...	...	<input type="checkbox"/> Remove
6	...	...	<input type="checkbox"/> Change
7	...	...	<input type="checkbox"/> Add
8	...	...	<input type="checkbox"/> Remove
9	...	...	<input type="checkbox"/> Change
10	...	...	<input type="checkbox"/> Add
11	...	...	<input type="checkbox"/> Remove
12	...	...	<input type="checkbox"/> Change
13	...	...	<input type="checkbox"/> Add
14	...	...	<input type="checkbox"/> Remove
15	...	...	<input type="checkbox"/> Change

[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)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

*Imv*

Irina M Wetzel

**Filing Fee: \$25.00**