

L200003809159

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

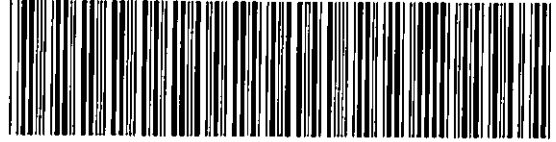
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700402086577

02/07/23 --01:15--005 **30.00

4/10/23
Vick

CLERK OF STATE
TALLAHASSEE, FL

2023 FEB -7 PM 4:41

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GILLIANE HADLEY CHOREOGRAPHY 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:

GILLIANE HADLEY

Name of Person

GILLIANE HADLEY CHOREOGRAPHY LLC

Firm/Company

10380 ATWATER BAY DRIVE

Address

WINTER GARDEN, FL 34787

City/State and Zip Code

info@gillianehadleychoreography.com

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

For further information concerning this matter, please call:

GILLIANE HADLEY

305 318-5788
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

GILLIANE HADLEY CHOREOGRAPHY LLC

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

[illegible]

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(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)

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 JANUARY 28, 2023

Gilliane Hadley
Signature

Signature of a member or authorized representative of a member

GILLIANE HADLEY

Typed or printed name of signee