

L 23000327775

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

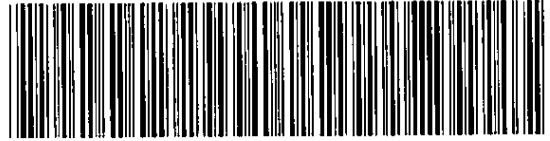
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2023 NOV 13 PM 4:48
SECRETARY OF STATE
TOLSON, MISSOURI

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dancing Duo Dressage 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:

Austin D. Webster
Name of Person

Dancing Duo Dressage LLC
Firm/Company

19301 Capet Creek Ct
Address

Loxahatchee FL 33470
City/State and Zip Code

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

For further information concerning this matter, please call:

Austin D. Webster at (561) 388 6376
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

SECRETARY OF STATE
TALLAHASSEE, FL

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

Dancing Duo Dressage 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 07/10/2023 and assigned Florida document number L23000327775.

This amendment is submitted to amend the following:

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

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:

(Principal office address MUST BE A STREET ADDRESS)

19301 Capet Creek Ct
Loxahatchee FL 33470

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

19301 Capet Creek Ct
Loxahatchee FL 33470

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:

Austin Webster

New Registered Office Address:

19301 Capet Creek Ct

Enter Florida street address

Loxahatchee

City

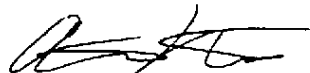
Florida

33470

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

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>
MGR	Austin D. Webster	19301 Capet Creek Ct Loxahatchee FL 33470	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Austin D. Webster	19301 Capet Creek Ct Loxahatchee FL 33470	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

SECRETARY OF STATE
TALLAHASSEE, FL
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[Signature]

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

See Attached Statement.

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TALLAHASSEE, FL

E. Effective date, if other than the date of filing: 11/1/2023 (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)

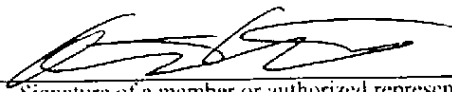
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated

11/1

2023



Signature of a member or authorized representative of a member

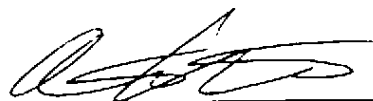
Austin D. Webster

Typed or printed name of signee

September 1, 2023

To Whom It May Concern:

As of September 1, 2023, I, Austin D. Webster understand and undertake the responsibility and obligations of being a registered manager and agent for the company Dancing Duo Dressage, LLC.



Austin D. Webster

Sept. 1, 2023

2023 NOV 13 PM 4:10
SECRETARY OF STATE
TALLAHASSEE, FL