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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT: Youth Thea	ter Tampa Bay LLC Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Claudia M Totman			
		Name of Person		
	Youth Theater Tampa Bay	LLC		
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	<del></del>	٠.,
	5010 Grainary Ave		·~ *	
		Address		
	Tampa, FL 33624		(n - \ (n - \ \ (n) - \ \ (n) - \ (n)	7 MHH: 58
		City/State and Zip Code	SERVE	
	elaudia@youththeatretampa			<b>58</b>
		to be used for future annual report notif	ncanon)	
For further information c	oncerning this matter, please ca	all:		
Claudia M Totman		954 8069910 at ()		
Name o	f Person	Area Code Daytime	e Telephone Number	
Enclosed is a check for the	he 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 Sta Certified Copy (additional copy is e	atus &
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations allahassee e Street, Suite 810	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Youth Theater Tampa Bay LLC  (Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) I Liability Company)	
The Articles of Organization for this Limited Liability Compan Florida document number 1.24000066434	y were filed on February 7, 2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
Youth Theatre Tampa Bay LLC		
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the designation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		*** ) *** :
(Principal office address MUST BE A STREET ADDRESS)		·
		10 - 4 10 -
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		FE 5
mutang uttaress MAT DEATON VITTEE DOM		<u> </u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:		name of the new register
	Enter Florida street address	
	Florida	L Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>	
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change	te performance of my duties, and La s provided for in Chapter 605, F.S.	um familiar with and Or, if this document is

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>	Address	Type of Action
MGR	Claudia Totman	5010 Grainary Ave	■ Add
		Tampa, FL 33624	□Remove
AMBR	Michele L. McCarty	5010 Grainary Ave	
		Tampa, FL 33624	■Remove
			Change
			□Add
			⊡Remove
			CChange
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tive date, if other than the date of filing:	(optional)	
effective date is listed, the date must be specific and cannot be prior to date of filing or : If the date inserted in this block does not meet the applicable statutory fil		
ment's effective date on the Department of State's records.	ing requirements, this diffe will not be t	15104
ord specifies a delayed effective date, but not an effective time, at 12:01 a.n filed.	i. on the earlier of: (b) The 90th day a	fter tl
inea.		
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