

U4000034756

(Requestor's Name)

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(Business Entity Name)

(Document Number)

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STATE OF MISSISSIPPI  
RECORDS SECTION

APR 08 2015  
D. BRUCE

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Dance & More Entertainment 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:

Giselle Yanelli  
Name of Person  
Dance & More Entertainment LLC  
Firm/Company  
14254 SW 8 ST  
Address  
Miami, FL 33184  
City/State and Zip Code  
info@salsateros.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Giselle Yanelli at (305) 804-6583  
Name of Person Area Code Daytime Telephone Number

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TALLAHASSEE, FL

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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

TO  
ARTICLES OF ORGANIZATION  
OF

Dance & More Entertainment 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 02/28/2014 and assigned Florida document number L14000034756.

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 end with 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

Carlos Alvarez

New Registered Office Address:

14254 SW 8 ST

Enter Florida street address

Miami

City

Florida

33184

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

**Authorized Member 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	Bryan Torres	8395 SU 73 Avenue Apt 804	<input type="checkbox"/> Add
		Miami, FL 33143	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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 U.S. DEPARTMENT OF JUSTICE  
 MIAMI OFFICE

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**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated March 13, 2015.

\_\_\_\_\_  
Signature of a member or authorized representative of a member  
*Bryan Torres*  
\_\_\_\_\_  
Typed or printed name of signee

**Page 3 of 3**  
**Filing Fee: \$25.00**

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2015 MAR 17 PM 12:10  
STATE OF FLORIDA  
TALLAHASSEE FL 32399