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COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Armour Dance Theater, Inc
DOCUMENT NUMBER: 731445
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Camila fil (Name of Contact Person)
Armour Dance Theater, Inc (Firm/Company)
5818 SW 73 Street
(Address)
South Miami, FL 33143
(City/ State and Zip Code)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
(Name of Contact Person) at 305 - 667 - 5543 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certificate of Status Certified Copy (Additional Copy is Enclosed)

Street Address

Amendment Section

Division of Corporations

The Centre of Tallahassee

Mailing Address

P.O. Box 6327

Amendment Section

Division of Corporations

Articles of Amendment to Articles of Incorporation

crticles of Incorporation

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Armour Dance Theater, Inc

Name of Corporation as currently filed with the Florida Dept. of State)

(Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: New Registered Office Address: (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President. Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	<u>V</u> <u>Mike</u>	Doe 2 Jones 2 Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add			
Remove			
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or adding (attach additional sheet	additional A s. if necessary)	rticles, enter change(s) here: (Be specific)	
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The date of each amendment(s) ac	loption:				if other than the
date this document was signed.			<u>_</u>		ii onier man me
Effective date <u>if applicable</u> :	(no more tha				
	(no more tha	n 90 days after ai	mendment file a	late)	
Note: If the date inserted in this blo document's effective date on the De	ck does not meet th partment of State's	e applicable statu records.	ntory filing requ	irements, this date	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK C</u>				
☐ The amendment(s) was/were ac was/were sufficient for approva	lopted by the memb	pers and the numb	per of votes cast	for the amendmer	nt(s)

X	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.					
	Dated $\frac{7/19/21}{}$					
	Signature Duillife (COS)					
	(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)					
	(Typed or printed name of person signing)					
	President (Title of person signing)					