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| (Re | equestor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL. |
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| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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SECRETARY OF STATE

K.SALY EXAMINER NOV 16 2015

COVER LETTER

| Divis | sion of Corpo | prations | | |
|-----------------|-----------------------------------|--|---|---|
| SUBJECT: | Anybody Can | Dance, LLC | | |
| SUBJECT: _ | · · · · · · · · · · · · · · · · · | Name of Lim | ited Liability Company | |
| | • | | | |
| The enclosed | Articles of A | mendment and fee(s) are sub- | mitted for filing. | |
| Please return a | all correspond | dence concerning this matter | to the following: | |
| | | Brad Miller | | |
| | | | Name of Person | |
| | | American Dancesport Cent | er | |
| | | | Firm/Company | |
| | | 23110 Sandalfoot Plaza Dr | ive | |
| | | | Address | |
| | | Boca Raton, FL 33428 | | |
| | | | City/State and Zip Code | |
| | | anybodycandance@gmail.co | | |
| | | E-mail address: (| to be used for future annual report r | notification) |
| For further inf | formation con | cerning this matter, please ca | all: | |
| Brad Miller | | | 561 558-1234 at () | |
| | Name of F | Person | Area Code Day | time Telephone Number |
| Enclosed is a | check for the | following amount: | | |
| □ \$25.00 Fil | ling 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) |

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2015 NOV 12 PM 3.

Anybody Can Dance, 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 December 4, 2006 Florida document number $_^{L06000115640}$ 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 "LLC." 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: New Registered Office Address:

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

Title Name Address Type of Action

MGR Janis M. Miller 1174 NW 13th St., #224-B

□ Add

□ Boca Raton, FL 33486
□ Remove
□ Change

AMBR Janis M. Miller 174 NW 13th St. #24-B □ Add

| | | | Change |
|------|-----------------|--|-------------|
| AMBR | Janis M. Miller | 1174 NW 13th St. #204-18 Boca Raton, FL 33486 | □ Add |
| | | Boca Raton, FL 33486 | Remove |
| | | | Change |
| | | | 🗆 Add |
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| umen | t's effective date on | the Department | of State's record | S. | | | |
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| | Oth day after the | | | or an enecen | re anne, ac | 12.01 0.11 | ii. On the curner |
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| ed | | Signature o | of a member or aut | norized representa | nive of a memb | er | |

Page 3 of 3

Filing Fee: \$25.00