(Re	equestor's Name)	<del> </del>
(Ad	ddress)	
. (Ad	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
<del> </del>		

Office Use Only



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## **COVER LETTER**

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

TO:

Division of Cor	rporations				
SUBJECT: Dance	1 More Entertai	nment LLC			
SUBJECT	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Giselle	Yane 1; Name of Person			
		Name of Person			
	Dance of Mon	Entertainment Firm/Company	LLC		
		rimicompany			
	14254 SW 8	ST			
		Address	<del>-</del>		
	Miam! F	City/State and Zip Code			
		City/State and Zip Code		7.7 F.5	
	info e sals	ateros.com		No.	carry i j
	E-mail address: (	to be used for future annual	report notification)		THEFE
For further information of	concerning this matter, please co	all:			1,1953
/ . il	er tis				138
<u> </u>	Yanelli of Person	at ( 3 o f )	Daytime Telephone Number	FR 21 10	Lucare Lucare
Name o	n reison	Area Code	Daytine Telephone Number	源 -	
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 end	Certificat closed) Certified	te of Status &	
	ING ADDRESS:		T/COURIER ADDRESS: ion Section		
	on of Corporations		of Corporations		

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## TO ARTICLES OF ORGANIZATION **OF**

	Yor Entertainment			
( <u>Name of the Limited Lia</u> (A Flo	ability Company as it now appear orida Limited Liability Company)	s on our records.)		
The Articles of Organization for this Limited Liabilit	ty Company were filed on	02/28/2014	and assig	gned
Florida document numberL14000034756				
This amendment is submitted to amend the following	g:			
A. If amending name, enter the new name of the	limited liability company he	re:		
The new name must be distinguishable and end with the words	"Limited Liability Company," the	designation "LLC" or the	abbreviation "L.l	L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET AL	ODRESS)			
				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Enter new mailing address, if applicable:			55.	FALTER FIXER
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>		130 m	<u></u> ?'}}`
B. If amending the registered agent and/or re registered agent and/or the new registered office a		our records, enter	the name-o	f the new
registered agent and/or the new registered office p	Marting Here.			
Name of New Registered Agent:	Carlos	Alvanez		
New Registered Office Address:	14254 SU B S	T ida street address		
			33184	
<del></del>	Mia mi City	, Florida	Zip Code	
New Registered Agent's Signature, if changing Regist	ered 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 oddress, 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> **Type of Action** <u>Address</u> Name Bryan Torres MGR SU 73 Avenue Aprt 804 8395 □ Add Remove Miami FL 33143 □ Add ☐ Remove □ Add Remove \_□ Remove □ Add \_□ Remove ☐ Add

☐ Remove

,				
ffective do ne effective he date this	date, if other than the date must be specific, cas document is filed by the	ie date of filing nnot be prior to da Florida Departmer	te of receipt or filed date and car	(optional) not be more than 90 days after
ated	March 13	<u></u> .	, 2015	
- <del></del>		Signature of a	member authorized represent	ative of a member

Page 3 of 3

Filing Fee: \$25.00

