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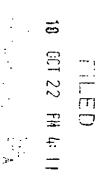
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COVER LETTER

Div	ision of Cor	porations				
SUBJECT:	ALL DANG	Name of Limited Liability Company				
SUBJECT.						
The enclosed	f Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		RAQUEL A. CASTILLO, ES	SQ.			
		RAQUEL A. CASTILLO LA	Name of Person W OFFICES			
		5001 Collins Avenue, Suite	Firm/Company 5C			
		Miami Beach, FL 33140	Address			
		raquelcastillo@castillominal				
For further in	nformation co	E-mail address: () oncerning this matter, please ca	to be used for future annual report notifiall:	cation)		
Raquel A. (Castillo		305 213-9208			
	Name of	f Person	Area Code Daytime	Telephone Number		
Enclosed is a	check for th	e following amount:				
■ \$25.00 F	iling 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:

TO:

Registration Section

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

ALL DANCE INTERNATIONAL LLC	
(Name of the Limited Liability C (A Florida Lim	ompany as it now appears on our records.) nited Liability Company)
The Articles of Organization for this Limited Liability Completion of Complete Liability	pany were filed on 06/05/2014 and assigned
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here:
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7950 NW 53 STREET
Principal office address MUST BE A STREET ADDRES	Suite 337
	Miami, FL 33166
Enter new mailing address, if applicable:	7950 NW 53 STREET
Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 33166
egistered agent and/or the new registered office address Name of New Registered Agent:	ed office address on our records, enter the name of the 18 shere: UE A. Castillo Collins Avenue Suite 50 Enter Florida street address
	iami Beach Florida 33140 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

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

$\mathbf{AMBR} = A$	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			Change
			Add
			Remove
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ffectiv	e date, if other than the date of filing: (optional)
an effec	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
	nt's effective date on the Department of State's records.
e reco	and specifies a delayed effective date, but not an effective time, at $12:01\ a.m.$ on the earlier 0
1110 2	oth day area the record is med.
)ated	October 17th 2018.
	October 17 . 2018.
	x-moflipple
	Signature of a member of authorized representative of a member
	RAQUEL A. CASTILLO, ESQ.
	Typed or printed name of signee

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Filing Fee: \$25.00