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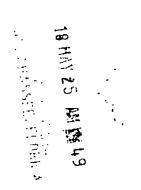
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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J. LEGGETT MAY 29 2018

COVER LETTER

		tration Sec on of Corp			
SUBJEC		Dancebreak	LLC		
JODJEC	-1		Name of Lim	ited Liability Company	
The enclo	osed A	Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please ret	turn a	II correspon	dence concerning this matter	to the following:	
			Philip MacDonald		
				Name of Person	-
			Dancebreak LLC		
				Firm/Company	
			4211 2nd Ave N		
			<u> </u>	Address	
			St. Petersburg, FL 33713		
				City/State and Zip Code	
			philip.macd@gmail.com		
				to be used for future annual repo	ort notification)
For furthe	er info	rmation cor	ncerning this matter, please ca	all:	
Philip M	acDo	nald		508 246-7	
_		Name of I	Person	Area Code I	Daytime Telephone Number
Enclosed	is a c	heck for the	following amount:		
\$25.0)0 Fili	ng Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	□ \$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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dancebreak LLC		
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our record la Limited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Orline document number £16000074978	Company were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
YDG Enterprises LLC		
he new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
<u>Principal office address MUST BE A STREET ADD</u>	RESS)	مالد. مالد.
		Til
		<u> </u>
inter new mailing address, if applicable:		(1) 27
Mailing address MAY BE A POST OFFICE BOX)		
Manning mantess MATE DE AT OST OF TICE BOAY		
i. If amending the registered agent and/or regisegistered agent and/or the new registered office add	stered office address on our records dress here:	, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres:	;
		orida
	City	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 AMBR = Authorized Member <u>Title</u> Name <u>Address</u> Type of Action □ Add □ Remove □ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove _□ Change ☐ Remove ☐ Change _□ Add □ Remove □ Change □ Add

□ Remove

_ Change

			
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Note: If the date inserted in this	the date of filing:	(optional) g or more than 90 days after filing.) Pursuant to 6 filing requirements, this date will not be li	05,0207 isted as
	ved effective date, but not an effecti ecord is filed.	ve time, at 12:01 a.m. on the ear	lier of
e record specifies a delay The 90th day after the r			
The 90th day after the r	2018		
The 90th day after the r	<u>2018</u> .		

Page 3 of 3

Filing Fee: \$25.00