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D. SCOTT JUL 2 6 2017

COVER LETTER

TO: Registration Se Division of Cor				
L'Académie SUBJECT:	e of Dance			
SUBJECT:	Name of Lim	ited Liability Company	,	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Sandra Steeter			
		Name of Person	1	
	L'Académie of Dance			
		Firm/Company		· · · · · · · · · · · · · · · · · · ·
	4449 Chase Drive			
		Address	<u> </u>	
	Wesley Chapel, FL 33543			
	 	City/State and Zip C	ode	
	sslecter@gmail.com	to be used for future an	nual report notification)	
For further information c	oncerning this matter, please ca		, open nearest,	
	oncerning this matter, piease co			ರ∞ 🕇
Sandra Sleeter		813 at () 842-3504	<u> </u>
Name o	f Person	Area Code	Daytime Telephone	Number 2 E
Enclosed is a check for th	ne following amount:			
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Certified Cop (additional copy	y (is enclosed) (60.00 Filing Fee. Certificate of Status & Certified Copy additional copy is enclosed)
	ING ADDRESS:		LEET/COURIER ADDR	RESS:
Divisio	ation Section on of Corporations	Divi	stration Section sion of Corporations	
	ox 6327 issee, FL 32314		on Building Executive Center Circle	
	•		ahassee, FL 32301	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

L'Académie of Dance

(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our records.)	
(A Fronta Diffuse Die	ability Company (
The Articles of Organization for this Limited Liability Company w	were filed on December 16th, 2016 and assigned	d
Florida document number L16000227420		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "L.L.C." or the abbreviation "L.L.C."	,
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		
The same of the same that the		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		me of the new
		_
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:		he nev
registered agent and/or the new registered office address here.		
Name of New Projects and Agents		
Name of New Registered Agent:	22 7	
New Registered Office Address:	Enter Florida street address	
	Enter Florida street dadress	
	, Florida	
	City Tip Code	
lew Registered Agent's Signature, if changing Registered Agent:		
hereby accept the appointment as registered agent and agree rovisions of all statutes relative to the proper and complete p ccept the obligations of my position as registered agent as pr eing filed to merely reflect a change in the registered office a ompany has been notified in writing of this change.	performance of my duties, and I am familiar with an rovided for in Chapter 605, F.S. Or, if this documen	nd
If Chang	ging Registered Agent, Signature of New Registered Agent	-

Page 1 of 3

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>	<u>Name</u>	Address	Type of Action
AMBR	Andrew Guilfoil IV	4853 Park Street North	
		St. Petersburg, FL 33709	Remove
			Change
			Add
			Remove
			☐ Change
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	 		D'Add T
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Page 2 of 3

 				
 				
		<u> </u>		
· 				
Tective date, if other than th an effective date is listed, the date m		or to date of filing or mo	(optional) re than 90 days after filing.) Pursuant	to 605.0
ote: If the date inserted in this ocument's effective date on the	block does not meet the appl	licable statutory filing	requirements, this date will not	e listed
segment's effective date on the	Department of State 3 record	13.		<u> </u>
record specifies a delaye	ed effective date, but r	not an effective ti	me, at 12:01 a.m. on there	
The 90th day after the re			1	- T
luly 13	2017		ا ميان ماند داد داد داد داد داد داد داد داد داد	ے بب
ated		·		±0.
Dorde	Signature of a member or au	thorized representative of	of a member	
Sandra M. Sleeter				
		nted name of signee		

Page 3 of 3

Filing Fee: \$25.00