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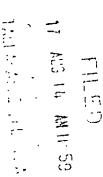
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D. SCOTT AUG 1 5 2017

COVER LETTER

TO:	Registration So Division of Cor		•			
SUBJE	L'Académi	e of Dance, LLC.				
30846	Ç1	Name of Lin	nited Liability Company			
		Amendment and fee(s) are sub				
		Sandra Sleeter				
			Name of Person			
		L'Académie of Dance				
			Firm/Company			
	4449 Chase Drive					
			Address	 .		
	Wesley Chapel, FL 33543					
		ssleeter@gmail.com	City/State and Zip Code			
		E-mail address. (to be used for future annual re	port notification)		
For furth	er information c	oncerning this matter, please c	all:			مه 1 - ا
Sandra S	Sleeter		813 842- at ()	-3504	. •	
- ·	Name o	f Person	Area Code	Daytime Telephone	Number	
Enclosed	l is a check for th	ne following amount			-	
■ \$ 25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclo	Co ned) Co	0.00 Filing Fee, crtificate of Status & r crtified Copy lditional copy is enclosed)	. 8

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

LACADEMIE OF DANCE, LLC			
(Name of the Limited I	Jability Company as it no Florida Limited Liability Co	ow ярреяг у о <u>а our records.</u>) ompany)	
he Articles of Organization for this Limited Liabi forida document number L16000227420	lity Company were file	ed on 12/16/2016	and assigned
his amendment is submitted to amend the followi	ng:		
. If amending name, enter the new name of th	e limited liability com	ipany here:	
ne new name must be distinguishable and contain the words	s "Limited Liability Compa	iny," the designation "LLC" or t	he abbreviation "L.L.C."
nter new principal offices address, if applicabl	e:		
Principal office address MUST BE A STREET A	<u> </u>		
Inter new mailing address, if applicable:			
, ,			
Mailing address MAY BE A POST OFFICE BO	<u>~</u>		
		····	
. If amending the registered agent and/or egistered agent and/or the new registered office		lress on our records, <u>en</u>	ter the name of the
egistered agent and/or the new registered office	. addits nere.		
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Address.		Enter Florida street address	
		, Florida	Zip Code
-	Ciţ	, 2 101102	Zip Code -7
iew Registered Agent's Signature, if changing Regi	stered 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>	<u>Name</u>	Address	Type of Action
AMBR	GUILFOIL, JOHN A, IV	4853 PARK STREET NORTH	
		ST. PETERSBURG, FL 33709	■ Remove
			□ Change
			
			□ Remove
			□ Change
			
			☐ Remove
			☐ Change
			
			□ Remove
			Change
			□ Remove
			☐ Change
			Add
			□ Remove
			□ Channe

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.	·
٠.		
		
		
		
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ote: If	Please list as date of filing (optional) ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date wit's effective date on the Department of State's records.	^b ursuant to 605.0207 (ill not be fisted as t
e recor The 9	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. or 0th day after the record is filed.	n the earlier of:
ated		
	<u> </u>	
	Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member	 1 3
	Sandra Sleeter	· ·

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00