

L19 000040312

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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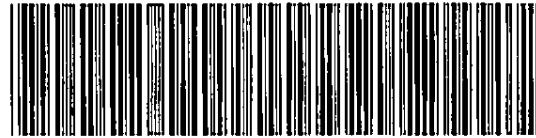
(Business Entity Name)

(Document Number)

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CLERK OF STATE  
TALLAHASSEE, FL

OCT 21 2020

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: United We Dance Entertainment  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Diaunte Jenkins  
Name of Person  
United We Dance Entertainment  
Firm/Company  
3415 SW 39th BVL D  
Address  
Gainesville, FL 32608 Apt 121  
City/State and Zip Code  
Unitedwedanceuf@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Diaunte Jenkins 786 3576663  
Name of Person at Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

United We Dance Entertainment

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on Feb 11, 2019 and assigned  
Florida document number L19000040312.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

DANCE Xperience LLC

The 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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

*City*

*Florida*

*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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Imani Selvon	1720 SW 37th Street	<input checked="" type="checkbox"/> Add
		Gainesville, FL 32607 Apt 362	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Ariel Dykes	6702 NW 28th Terrace	<input checked="" type="checkbox"/> Add
		Gainesville, FL 32653	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Noesha Noel	1015 NW 21st Ave	<input checked="" type="checkbox"/> Add
		Gainesville, FL 32609 Apt 533	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change


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JACKSONVILLE, FL

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CLERK OF DISTRICT COURT  
JACKSONVILLE, FL

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated June 16 2020

  
Signature of a member or authority

Diaunte Jenkins

~~Signature of a member or authorized representative of a member~~

Diaunte Jenkins

Typed or printed name of signee