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COVER LETTER

TO: Amendment Section Division of Corporations

Δ.,			
NAME OF CORPORATION: <u>Laptu</u>	res Performing Arts In	1C.	
DOCUMENT NUMBER:	0006428		
The enclosed Articles of Amendment and fee are	e submitted for filing.		
Please return all correspondence concerning this	matter to the following:		
Natali	ne of Contact Person)		
(Nan	ne of Contact Person)		
Arman	(Firm/Company)		
756 N	(Address) Street		
	(Address)		
Mian	FL 33/50 / State and Zip Code)		
(City	/ State and Zip Code)		
E-mail address: (to be	danzstudio 2 @ g mail. com e used for future annual report hotification)		
For further information concerning this matter, p	alease call		
rol further information concerning this matter, p	(786) 350-1503 at (305) 345-4008 (Area Code & Daytime Telephone		
Phyllis Johnson	at (305) 345-4008		
(Name of Contact Person)	(Area Code & Daytime Telephone	Number)	
Enclosed is a check for the following amount ma			
\$35 Filing Fee \$\Bigcup \$43.75 Filing Fee &	□\$43.75 Filing Fee & □\$52.50	Filing Fee	
Certificate of Status	Certified Copy Certificate	_	
	(Additional copy is Certified Certif	al Copy	
Mailing Address	Street Address	/	
Amendment Section	Amendment Section	Amendment Section	
Division of Corporations		Division of Corporations	
P.O. Box 6327	Clifton Building	2661 Executive Center Circle	
Tallahassee, FL 32314	2001 Executive Center Circle	2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment

ALLAHAGSEE, FLORISA **Articles of Incorporation** (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent:

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

(Florida street address)

(City)

, Florida (Zip Code)

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	Address	Type of Action
			🗖 Add
			Remove
			☐ Add ☐ Remove
			☐ Add☐ Remove
(attach	nding or adding additional Art additional sheets, if necessary).		
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	for such purpo	"	
	104 SUCH PURPL	V2V.	

The date of each amendment(s) adoption: [date of adoption is required.] [date of adoption is required.] [no more than 90 days after amendment file date.]
Adoption of Amendment(s) The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval. There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
Signature (By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
(Typed or printed name of person signing) President (Title of person signing)
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