68000 8345 Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H23000260205 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : ACCOUNTING AND MORE SERVICES INC

Account Number : I20220000172 Phone : (407)846-4810

Fax Number : (407)944-4810

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

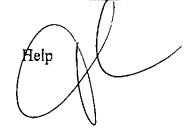
| Email | Address: | : | | |
|--------------|----------|----------|--|--|
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COR AMND/RESTATE/CORRECT OR O/D RESIGN MORE THAN DANCE INC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$35.00 |

Electronic Filing Menu

Corporate Filing Menu



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COVER LETTER

| TO: Amendment Sect Division of Corp. | | | | |
|--|---|--|---|--|
| NAME OF CORPOR | RATION: MORE THAN DA | ANCE INC | | |
| DOCUMENT NUME | | | | |
| The enclosed Articles | of Amendment and fee are su | ibmitted for filing. | | |
| Please return all corres | pondence concerning this ma | atter to the following: | | |
| | LIZET LEMA | | | |
| | | Name of Contact Person | n | |
| | ··· | Firm/ Company | | |
| | 621 NW 78TH TERRACE APT 201 | | | |
| | PEMBROKE PINES, FL 330 | Address 024 | | |
| • | | City/ State and Zip Cod | e | |
| | MORETHANDANCESOFL | O@GMAIL.COM | | |
| | E-mail address: (to be us | sed for future annual report | notification) | |
| For further information | concerning this matter, please | se call: | | |
| LIZET LEMA | | at (786 | 499-1521 | |
| Name o | f Contact Person | Area Coo | de & Daytime Telephone Number | |
| Enclosed is a check for | the following amount made | payable to the Florida Depa | irtiment of State: | |
| ■ \$35 Filing Fec | ☐\$43.75 Filing Fee & Certificate of Status | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) | |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | Amend Division The Ce 2415 N | Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 assee, FL 32303 | |

Articles of Amendment to Articles of Incorporation of

x 0

| MORE THAN DANCE INC | | | |
|---|---|--|--------------------------|
| (Name of Corporation N23000008365 | on as currently filed with the | Florida Dept. of State) | |
| | | | |
| (Docum | ent Number of Corporation (i | f knewn) | |
| Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation: | Statutes, this Florida Profit (| Corporation adopts the following | g amendment(s) to |
| A. If amending name, enter the new name of the co | rporation: | | |
| MORE THAN DANCE CREATIVES, INC | | | The new |
| name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbrev | or "Co". A professional | ncorporated" or the abbreviation corporation name must contain | n "Corp.," i the word |
| B. Enter new principal office address, if applicable; (Principal office address MUST BE A STREET ADD | | | |
| | | | |
| C. Enter new mailing address, If applicable: (Mailing address <u>MAY BE A POST OFFICE BO)</u> | <u></u> | | : |
| | | | |
| D. If amending the registered agent and/or registered new registered agent and/or the new registered o | ed office address in Florida. ffice address: | enter the name of the | ; V |
| Name of New Registered Agent | | | |
| | | | |
| | (Florida street address) | | |
| New Registered Office Address: | | , Florida | |
| | (Ciņi) | (Zip Co | ode) |
| New Registered Agent's Signature, if changing Regis hereby accept the appointment as registered agent. I | tered Agent: am familiar with and accept t | he obligations of the position. | |
| Signati | ure of New Registered Agent, | if changing | |
| Check if applicable The amendment(s) is/are being filed pursuant to s. 60 | 7.0120 (11) (c), F.S. | | |

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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

| X Change | PT | John Doe | |
|-------------------------------|-----------|---|--------------|
| X Remove | <u>V</u> | Mike Jones | |
| X Add | <u>sy</u> | Sally Smith | |
| Type of Action (Check One) | Title | Name | Address |
| I) Change | | - · · · · · · · · · · · · · · · · · · · | |
| Add | | | |
| Remove | | | ·· |
| 2) Change | | - | _ |
| Ađd | | | |
| Remove Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| ර) Change | | · · · · · · · · · · · · · · · · · · · | |
| Add | | | |
| Remove | | | |

| If amending or adding additional Arti Attach additional sheets, if necessary). | (Be specific) | |
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| | | |
| provisions for implementing the amen | ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself: | |
| (if not applicable, indicate N/A) | * | |
| | | |
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| | | 07/26/2023 | | |
|--|---|--|--|---------------------|
| The date of sach date this documen | amendment of was signed |) adoption: | | if other than th |
| Effective date <u>if s</u> | applicable: | 77/26/2023 | | |
| | | (no more than 9 | O days after amendment file date) | |
| Note: If the date locument's effect | inserted in the | is block does not meet the applic Department of State's records. | cable statutory filing requirements, this date will | not be listed as th |
| Adoption of Ame | endment(s) | (CHECK ONE) | | |
| The amendment action was not | nt(s) was/wer required. | adopted by the incorporators, or | board of directors without shareholder action and | shareholder |
| ☐ The amendmen by the shareho | it(s) was/wen lders was/we | adopted by the shareholders. The sufficient for approval. | number of votes cast for the amendment(s) | |
| The amendmen must be separa | it(s) was/wori <i>itely provided</i> | approved by the shareholders thin for each voting group entitled to | ough voting groups. The following statement vote separately on the amendment(s): | |
| | | ast for the amendment(s) was/we | | دست |
| by | | | | |
| رن | | (voting group) | -," | > |
| I | 07/26/2 Dated | 23 | | |
| S | Signature | Lizet Lema | | ; (2) |
| | sele | director, president or other offic- ted, by an incorporator – if in the inted fiduciary by that fiduciary) | er – if directors or officers have not been thands of a receiver, trustee, or other court | - |
| | | LIZET LEMA | | |
| | | (Typed or printed n | ame of person signing) | |
| | | PRESIDENT | | |
| | | (Title of person sign | ning) | |