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COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: Ultima	te Cheer & Dance Inc.
DOCUMENT NUMBER: P06	000097156
The enclosed Articles of Amendment and fee a	are submitted for filing.
Please return all correspondence concerning this	is matter to the following:
Sherre Ultimate 581 A Port	Name of Contact Person Cheer & Dance Inc. Firm/ Company JW Intripark Place Address SAINT Lucie FL 34986
E-mail address: (to	City/ State and Zip Code Imate all Stars@gmail. Com be used for future annual report notification) please call:
Deborah McLeod Name of Contact Person	at (172) 333 2244 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount n	nade payable to the Florida Department of State:
S35 Filing Fee S43.75 Filing Fee Certificate of State	e & S43.75 Filing Fee & S52.50 Filing Fee tus Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to

Articles of Incorporation

of

Witimate Cheer & Dance	Inc.
(Name of Corporation as currently	filed with the Florida Dept. of State)
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "co". "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association." or the abbreviation "P.A."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
	7025
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	20 25
(Maning dates MAT BE AT UST OFFICE BOX)	
	<u> </u>
	
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent	-
(Florida stree	at addressed
	a duaress)
New Registered Office Address:	, Florida City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	·
I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.
Signature of New Reg	gistered Agent, if changing
Check if applicable	
☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c	e), 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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name Bri Hany Johnson	Address 581 NW InterPark P
Change Add		Brittany Johnson	Port Saint Lucie FL 34081
Remove 2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

nending or adding additional A ich additional sheets, if necessary	of the specific)	
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amendment provides for an e	xchange, reclassification, or cancellation of issued shares,	
visions for implementing the ai (if not applicable, indicate N/A)	mendment if not contained in the amendment itself:	
(g not approximations)		
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	option:, if other than t
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date will not be listed as to partment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were adopaction was not required.	pted by the incorporators, or board of directors without shareholder action and shareholder
The amendment(s) was/were adop by the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
must he separately provided for e	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
	for the amendment(s) was/were sufficient for approval
by	(voting group)
	-21-2020
Signature	Sherry Momen
Signature(By a dir selected.	rector, president or other officer – in the hands of a receiver, trustee, or other court
Signature(By a dir selected.	Sherry Homey rector, president or other officer – indirectors or officers have not been
Signature(By a dir selected.	rector, president or other officer – if directors or officers have not been, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
Signature(By a dir selected.	rector, president or other officer – in the hands of a receiver, trustee, or other court
Signature(By a dir selected.	Sherry Homey rector, president or other officer – indirectors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary) Sherry Gomez