P13000000504

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|---|------|
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COVER LETTER

| TO: Amendment Section Division of Corporations | | | | |
|---|---|--|--|--|
| NAME OF CORPORATION: Equip | nox Dance Company 00070504 | | | |
| DOCUMENT NUMBER: P130 | 00010504 | | | |
| The enclosed Articles of Amendment and fed | | | | |
| Please return all correspondence concerning | this matter to the following: | | | |
| A | imec Capote | | | |
| | Name of Contact Person Equinox Dance Company Firm/Company | | | |
| 40 | Firm/Company 169 SW 152 AVE, Unit 18 | | | |
| | Address 1 A M 1 F 1 33185 City/ State and Zip Code | | | |
| | City/ State and Zip Code | | | |
| E-mail address: (to be used for future annual report notification) | | | | |
| E-mail address: (| to be used for future annual report notification) | | | |
| For further information concerning this matter, please call: | | | | |
| Aimec Cap | ote at (305) 218-9784 Area Code & Daytime Telephone Number | | | |
| Name of Contact Person | Area Code & Daytime Telephone Number | | | |
| Enclosed is a check for the following amount made payable to the Florida Department of State: | | | | |
| S35 Filing Fee S43.75 Filing Fee Certificate of S | Fee & Substitute See & | | | |
| Mailing Address Amendment Section Division of Corporations | Street Address Amendment Section Division of Corporations | | | |
| P.O. Box 6327 Tallahassee, FL 32314 | Clifton Building 2661 Executive Center Circle | | | |

Tallahassee, FL 32301

| , | Articles of Amer | ndment | Star Fu | |
|---|------------------------------|----------------------------------|------------------------|---------------------|
| • | to Articles of Incorp | oration | | ? |
| | of | _ | 14 110 | 847 |
| - Eallingx Danc | 10, CC | m Dany | W. 21 m | 40. |
| Name of Corporation as currently f | filed with the Flor | ida Dept. of State) | | 9: _{3:3} |
| P1360 | 111151 | 24 | | . () |
| (Document Number of | f Corporation (if kr | nown) | | |
| · | • | | | |
| Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation: | la Statutes, this <i>Flo</i> | rida Profit Corporation : | adopts the following a | mendment(s) to |
| A. If amending name, enter the new name of the co | orporation: | | | |
| Equinox Dance ar name must be distinguishable and contain the wor | 20 Perfo | rming Art | < Comment | T |
| name must be distinguishable and contain the wor | rd "corporation." | "company or "incorn | porated" or the dbb | ne new reviation |
| "Corp.," "Inc.," or Co.," or the designation "Corp | p," "Inc," or "Co | ". A professional corpo | ration name must co | ntain the |
| word "chartered," "professional association," or the | abbreviation "P.A | 4069 SW , | irand an | 116. + 18 |
| B. Enter new principal office address, if applicable | | 4069 SW | 152-11VE | , vrui io |
| (Principal office address MUST BE A STREET ADD | DRESS) | Miami, P | 1 33185 | |
| | - | (| <u> </u> | |
| | , | <u> </u> | | |
| C. Enter new mailing address, if applicable: | | 4069 SW 1. MIAMI, FI | Gand Aug | unit19 |
| (Mailing address MAY BE A POST OFFICE BO | <u>9X</u>) . | 4009 300 1 | 52-11/6 | VIUIII |
| | i | Miami, Fl | 33185 | |
| | | | | |
| | | | | |
| D. If amending the registered agent and/or registe | | in Florida, ent <u>er the na</u> | ime of the | |
| new registered agent and/or the new registered | <u>l office address:</u> | | | |
| Name of New Registered Agent | | | _ | |
| | | | | |
| | (Florida street | address) | _ | |
| N D : 100 411 . | | T1 | | |
| New Registered Office Address: | (City) | , Florid | a(Zip Code) | |
| | | | | |
| | | | | |
| New Registered Agent's Signature, if changing Re | | | | |
| I hereby accept the appointment as registered agent. | I am familiar with | h and accept the obligation | ons of the position. | |
| <u> </u> | | | | |
| Signature of N | Vew Registered Age | ent, if changing | | |

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 <math>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.

| Mike Jones, V as Remove, | , and Sall | y Smith, | SV as an Add. | |
|----------------------------|------------|----------|----------------------|---|
| Example: X Change | PT | John Do | <u>oe</u> | |
| X Remove | <u>V</u> | Mike Jo | nes | |
| X Add | <u>sv</u> | Sally Sr | nith_ | |
| Type of Action (Check One) | Title | | <u>Name</u> | Address |
| 1) Change | VP | _ | Kevin Hoyos | 16500 SW 46 Street |
| Add Remove | | | | Miami, F1 33185 |
| 2) Change | TR | _ | Ana.C. Canizares | 9455 W. Flagler St. #60 Mami, Fl 33174 |
| Add | | | | Mami, P1 33114 |
| Remove 3) Change | TR | _ | Lucy Orta | 125 SW 136 Court |
| Add | | | • | Miami, Fl 33184 |
| Remove | -r8/< | P.C. | Juan C. Wessolossky | 125 SW 136 Court |
| 4) Change | <u> </u> | | JUAN C. VICSO1035107 | Miami, F133184 |
| Remove | | | | |
| 5) Change | | <u> </u> | | |
| LL Add | | | | |
| Remove | | | | |
| 6) Change | | _ | | |
| Add | | | | |
| I I Ramova | | | | |

| Attach additional sheets, if necessary). | (Be specific) |
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| for amondment receides for an array | hange realestification or consollation of issued shows |
| provisions for implementing the am | change, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself: |
| provisions for unprementing the am | Sugment is not contained in the differential liberty |
| (if not applicable, indicate N/A) | |

| The date of each amendment(s) adoption: | , if other than the |
|--|---------------------|
| date this document was signed. | |
| Effective date if applicable: | |
| (no more than 90 days after amendment file date) | |
| Adoption of Amendment(s) (CHECK ONE) | |
| The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval. | |
| The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s): | |
| "The number of votes cast for the amendment(s) was/were sufficient for approval | |
| by" (voting group) | |
| (voting group) | |
| The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. | |
| The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. | |
| Dated . | |
| Ohl | |
| Signature (By a thector, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) | |
| Maria F. Wessolossky (Typed or printed name of person signing) | |
| (Typed or printed name of person signing) | |
| President | |
| (Title of person signing) | |