P15000018322

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
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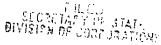
Division of Corporations
NAME OF CORPORATION: AMERICAN DANCE MITANCE INCOMMENT NUMBER: P1500018322
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Avianne Daz Name of Contact Person
Firm/ Company
1421 SW 12th St.
Address
City/ State and Zip Code
,
E-mail address: (to be used for future annual report notification)
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For further information concerning this matter, please call:
Avianne of Contact Person at (305) 812 - 1005 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Certificate of Status Certified Copy (Additional Copy is enclosed) Certificate of Status Certified Copy (Additional Copy is enclosed)

TO: Amendment Section

Mailing Address
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation



of AT MAN
American Dance Alliance Inc 15 MAY 19 AM 7:52
(Name of Corporation as currently filed with the Florida Dept. of State)
<u> 115000019322 </u>
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> 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," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."
B. Enter new principal office address, if applicable:
(Principal office address <u>MUST BE A STREET ADDRESS</u>)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) P.O. BOX 144 692 COYAL GABES, F1. 3311
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
(Florida street address)
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 with and accept the obligations of the position.
i nereos accept the appointment as registerea agent. I am jamittar with ana accept the obligations of the position.

Signature of New Registered Agent, 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 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>	<u>Name</u>	<u>Addres</u> s ,
1) Change	P	_ Jimmy Arguella	0 444 NE 30th St. Unit8
Add			Miami, F1 33137
2) Change		Notalia Gonzale	27 3581 SW 1st St. Miami, Fl. 33134
Remove 3) Change Add	TS	Avianne Diaz	1421 SW 12th St. Miami, Fl. 33135
Remove 4) Change Add		.	
Remove 5) Change Add			
Remove 6) Change Add			
Remove			

Attach additional sheets, if necessary).	cles, enter change(s) (Be specific)	nere.	
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If an amendment provides for an exch provisions for implementing the ame	ange, reclassification and ment if not contain	n, or cancellation of issued s ned in the amendment itself:	hares,
(if not applicable, indicate N/A)			
(if not applicable, indicate N/A)			
(if not applicable, indicate N/A)			
(if not applicable, indicate N/A)			
(if not applicable, indicate N/A)			
(if not applicable, indicate N/A)			-
(if not applicable, indicate N/A)			•

The date of each amendment(s) adoption:			1 130033	THE STATE	Sif other than the
date this document was signed. Effective date if applicable:	0/15		15 MAY	9 AM	7: 52
(no mor	re than 90 days after o	amendment file d	ate)		
Adoption of Amendment(s) (CHECK ON	<u>(E)</u>				' .
The amendment(s) was/were adopted by the sharehold by the shareholders was/were sufficient for approval.	ers. The number of v	rotes cast for the	amendment(s	;)	•
The amendment(s) was/were approved by the sharehol must be separately provided for each voting group en				ent en	
"The number of votes cast for the amendment(s)	was/were sufficient for	or approval	•		
by (voting group					
The amendment(s) was/were adopted by the board of caction was not required. The amendment(s) was/were adopted by the incorporate				er ·	
Signature (By a director president or of selected, by an incorporator appointed fiduciary by that fi	ther officer if direct if in the hands of a r	ors or officers ha	ve not been	t	
- Ariany Treasi	rped or printed name of the Section (Title of person)	ecreto	iry		