P18000084884

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400320110474

10/29/18--01012--024 **35.00

2018 OCT 29 PM I2: 53

C. GOLDEN NOV - 5 2018

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: KYLIE PEITZ DA	ANCE, INC		
DOCUMENT NUME	P18000084884		·	
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.		
Please return all corres	pondence concerning this ma	itter to the following:		
	KYLIE A PEITZ			
•		Name of Contact Person	1	
	KYLIE PEITZ DANCE, INC	C.		
		Firm/ Company		
	8690 GOLD CAY			
		Address		
	WEST PALM BEACH, FL	33411		
		City/ State and Zip Cod	e	
PEIT	Z@PPIPARALEGAL.COM			
	-	sed for future annual report	notification)	
For further information	n concerning this matter, plea	se call:		
PAULA PEITZ		at (<u>561</u>	358-1447	
Name of Contact Person		at (561) 358-1447 Area Code & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:	
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 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		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

2018 OCT 29 PM 12: 53

	of		5019 OCT 29	PM 12: 53
KYLIE PEITZ DANCE, INC		iled with the Florida Dept, of	SECRETARY	00 000
(Name of Corporat	tion as currently f	iled with the Florida Dept. of	(State) LLAHAS	SEE. FI
P18000084884				
(Document)	ment Number of C	orporation (if known)		
Pursuant to the provisions of section 607.1006, Floridits Articles of Incorporation:	da Statutes, this <i>Fl</i>	orida Profit Corporation adop	ts the following ame	ndment(s) to
A. If amending name, enter the new name of the c	corporation:			
				new
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corpword "chartered," "professional association," or the	p, " "Inc," or "Co	o". A prof <mark>essional corporatio</mark>	ted" or the abbrevi on name must contain	iation in the
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD				_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>ox</u>)			
				
D. If amending the registered agent and/or registe		s in Florida, enter the name o	of the	
new registered agent and/or the new registered	a office address:			
Name of New Registered Agent				
	(Florida street	address)		
New Registered Office Address:	•	, F)	lorida	
	(C	ity)	(Zip Code)	
Navy Danistanad Agantha Signatura if shaqqing Da	aistaned Agent.			
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.	l am familiar wit	h and accept the obligations of	f the position.	
Sio	nature of New Res	istered Agent, if changing		
~~a	-,			

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>\$V</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
l) Change	D		PAULA PEITZ	8690 GOLD CAY
xx Add			.	WEST PALM BEACH, FL 33411
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

	amending or adding additional Articles, enter change(s) here: ttach additional sheets, if necessary). (Be specific)					
			_ 			
						
			• • • •			
	·				 	
						
					-	
				······································		
_						
						
						
in amendment or	ovides for an excl	hange, reclassific	eation, or cancel	lation of issu	ed shares	
	la indiaga M/A)	enament ii not co	intalited in the r	menoritan i	<u>iselli</u>	
rovisions for impl						
ovisions for impl (if not applicable	ie, maicale IVA)					
rovisions for impl (if not applicab	e, malcale WA)					
rovisions for impl (if not applicab	e, maicue wa)			<u>.</u> .		
an amendment pr rovisions for impl (if not applicabl	e, macue iva					
rovisions for impl (if not applicab	e, macue iva					
rovisions for impl (if not applicab	e, maicue iva)				<u>, , , , , , , , , , , , , , , , , , , </u>	
rovisions for impl (if not applicab	ie, maicule IVA)					
rovisions for impl (if not applicab.	ie, maicue iva)					
rovisions for impl (if not applicab	ie, maicue iva)					
rovisions for impl (if not applicab	ie, maicue iva)					
rovisions for impl (if not applicab	ie, maicue ivvi					

10/24/2018	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more i	han 90 days after amendment file date)
Note: If the date inserted in this block does not meet the document's effective date on the Department of State's reco	applicable statutory filing requirements, this date will not be listed as the ds.
Adoption of Amendment(s) (CHECK ONE	
■ The amendment(s) was/were adopted by the shareholders by the shareholders was/were sufficient for approval.	The number of votes east for the amendment(s)
☐ The amendment(s) was/were approved by the shareholde must be separately provided for each voting group entite	
"The number of votes cast for the amendment(s) w	is/were sufficient for approval
by(voting group)	·"
(voting group)	-
☐ The amendment(s) was/were adopted by the board of dir action was not required.	ectors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporator action was not required.	s without shareholder action and shareholder
Dated 10/24/18	
Signature Light 1219	
	r officer – if directors or officers have not been
seffected, by an inforporator – i appointed fiduciary by that fidu	in the hands of a receiver, trustee, or other court
* * *	•
Kylle	Pert Z
(Typed or pr	inted name of person signing)
**************************************	ctor
(Title of person signing)