

8/7/24, 10:07 AM

P19 00000 3536
Division of Corporations
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000200275 3)))



H240002002753ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : SORSHER & ASSOCIATES, LLC.
Account Number : I20170000056
Phone : (954)842-2931
Fax Number : (954)842-2936

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

Email Address: _____

2024 JUN -7 AM 8:53

FILED

RECEIVED

2024 JUN -7 PM 12:59

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
MIAMI DANCE ACADEMY CO.**

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MIAMI DANCE ACADEMY CO.

DOCUMENT NUMBER: P19000003536

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

OLEH KOCHNIEV

Name of Contact Person

MIAMI DANCE ACADEMY CO.

Firm/ Company

1849 S OCEAN DR APT 806

Address

HALLANDALE BEACH, FL 33009

City/ State and Zip Code

KATRINCOBAIN22@GMAIL.COM

E-mail address: (to be used for future annual report notification)

2024 JUN -7 AM 8:53

FILED

For further information concerning this matter, please call:

OLEH KOCHNIEV

Name of Contact Person

at (806)

260-5555

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

MIAMI DANCE ACADEMY CO.

(Name of Corporation as currently filed with the Florida Dept. of State)

P19000003536

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* 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 MUST BE A STREET ADDRESS)

1849 S OCEAN DR APT 806

HALLANDALE BEACH, FL 33009

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

1849 S OCEAN DR APT 806

HALLANDALE BEACH, FL 33009

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 KOCHNIEV, OLEH

1849 S OCEAN DR APT 806

(Florida street address)

New Registered Office Address: HALLANDALE BEACH, Florida 33009

(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.

Oleh Kochniev

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

FILED

2024 JUN -7 AM 8:53

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:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	P	KOCHNIEV, OLEH	1849 S OCEAN DR APT 806
<input checked="" type="checkbox"/> Add			HALLANDALE BCH, FL 33009
<input type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	VP	BOBRY SHEVA, EKATERINA	1849 S OCEAN DR APT 806
<input checked="" type="checkbox"/> Add			HALLANDALE BCH, FL 33009
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	P	RASSOKHIN, SERGEI	300 SUNNY ISLES BLVD
<input type="checkbox"/> Add			UNIT 1007
<input checked="" type="checkbox"/> Remove			SUNNY ISLES BEACH, FL 33160
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

FILED

2024 JUN 27 AM 8:53

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)

五

2024 JUN - 7 AM 8:53

2000

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☐ 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)

Dated 06/07/2024 _____

Signature Olga Kochniev
(By a director, 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)

KOCHNIEV, OLEH

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

2024 JUN - 7 AM 8:53

FILED