## P20000052209

(Re	equestor's Name)	<u> </u>	
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## **COVER LETTER**

Division of Corporations NAME OF CORPORATION: Prodigy Dance Studio, Inc. DOCUMENT NUMBER: P20000052209 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Amava Castro Name of Contact Person Prodigy Dance Studio Firnt Company 18701 SW 358 Street Address Homestead, FL 33034 City/ State and Zip Code info@prodigydancers.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at ( 786 ) 251-3929

Area Code & Daytime Telephone Number Amaya Castro Name of Contact Person

Enclosed is a check for the following amount made payable to the Florida Department of State:

□\$43.75 Filing Fee &

Certificate of Status

Mailing Address

S35 Filing Fee

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Street Address

□\$43.75 Filing Fee &

(Additional copy is

Certified Copy

enclosed)

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

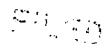
□\$52.50 Filing Fee

Certified Copy

(Additional Copy is enclosed)

Certificate of Status

## Articles of Amendment to Articles of Incorporation of



Prodigy Dance Stuidio, Inc.		5001 -
(Name of Corpor	ration as currently filed with the Flori	da Dept. of State 10 11 1.110: 0
P20000052209		
(Due	cument Number of Corporation (if know	/n)
Pursuant to the provisions of section 607.1006. Florits Articles of Incorporation:	orida Statutes, this Florida Profit Corpor	ation adopts the following amendment
A. If amending name, enter the new name of the	e corporation;	
		The new
name must be distinguishable and contain the word "Inc.," or Co.," or the designation "Corp," "In "chartered," "professional association," or the ab	nc," or "Co". A professional corpor	
B. Enter new principal office address, if applica (Principal office address <u>MUST BE A STREET A</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX</u> )	
D. If amending the registered agent and/or registered agent and/or the new registered		the name of the
Name of New Registered Agent		<del></del>
<del></del>	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent	Registered Agent: 1. I am familiar with and accept the obt	igations of the position.
Sic	gnature of New Registered Agent, if cha	nging

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (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, (f 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	$\underline{PT}$	<u>John De</u>	<u>ne</u>	
X Remove	$\underline{V}$	Mike Jo	ones .	
_X Add	<u>sv</u>	Sally Sp	nith	
Type of Action (Check One)	Title		<u>Name</u>	Address
1) Change		<del>-</del>		
Add				
Remove				
2) Change		_		
Add				
Remove 3 ) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

(Attach additional sheets, if necessary).	(Be specific)
· · · · · · · · · · · · · · · · · · ·	
<del></del>	
<ul> <li>If an amendment provides for an exchange provisions for implementing the amer</li> </ul>	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself;
(if not applicable, indicate N/A)	
lew Ownership Shares to be distributed as t	follows:
abbi Castro 45%	
lyssa Castro 45%	
maya Castro 10%	

•	01/01/2024	
The date of each amendment(s) a	doption:	, if other than the
date this document was signed.	01/2024	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file da	te)
Note: If the date inserted in this I document's effective date on the D	block does not meet the applicable statutory filing requirement of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without share	cholder action and shareholder
☐ The amendment(s) was/were adby the shareholders was/were si	opted by the shareholders. The number of votes cast for the a afficient for approval.	mendment(s)
	proved by the shareholders through voting groups. The follow each voting group entitled to vote separately on the amendm	
	for the amendment(s) was/were sufficient for approval	
hy		
-	(voting group)	
2/9/2024 Dated		
Signature		
(By a d selecte	irector, president or other officer – if directors or officers have d, by an incorporator – if in the hands of a receiver, trustee, or led fiduciary by that fiduciary)	
	Gabbi Castro	
	(Typed or printed name of person signing)	<del></del>
	Director	
	(Title of person signing)	