# 1130000067967

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SECRELARY OF STATE TALL AHASSEE, FLORIDA

JAN - 2 2014 **T. BROWN** 

### COVER LETTER

TO: Registration Section **Division of Corporations** 

Steele Street Studios, LLC.

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

# Amanda B. Kersenbrock

Name of Person

Steele Street Studios, LLC.

Firm/Company

1399 Miller Avenue

Winter Park, FL 32789

City/State and Zip Code

blair@steelestreetstudios.com

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

For further information concerning this matter, please call:

Amanda B. Kersenbrock at (407) 330-2418

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status □\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) □\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

#### **MAILING ADDRESS:**

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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FALLAHASSEL FLORIDA

Steele Street Studios LLC

(Name of the Limited Liability Company as it now appears on our records.

(A Florida Limited Liability Company)

(A I	Florida Limited Liability Company)	URIDA
The Articles of Organization for this Limited Lia Florida document number <u>L13000067967</u>	bility Company were filed on May 9th, 2013	and assigned
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company," the designation	on "LLC" or the abbreviation
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	(ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered off	r registered office address on our records, <u>en</u> ice address here:	ter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	t address
	, Florid	
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

Company of the second

<u>Title</u>	Name	Address	Type of Action
MGRM	SHANNON LAZIC	111 E. STEELE ST	Add
		ORLANDO, FL 32804	Remove
			Add
			Remove
			_
		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	Add
	·		Remove
			_ 
			_
			Add
			Remove
			_
			Add
		<del></del>	Remove

D.	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Da	December 23 , 2013
	Amanda Edgirkennik
	Signature of a member or authorized replementative of a member
	Amanda B. Kersenbrock
	Typed or printed name of signee

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Filing Fee: \$25.00