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COVER LETTER

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cen icer		RAME STUDIO LLC		
SUBJEC'	· ·	Name of Lim	ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please reti	ırn all correspo	ndence concerning this matter	to the following:	
		LORENA WARAT		
			Name of Person	
		SINGLE FRAME STUDIO) LLC	
			Firm/Company	
		2010 NE 203 ST		
			Address	
		MIAMI, FL 33179		
			City/State and Zip Code	
		lorenawarat@gmail.com		
		E-mail address [,] (to be used for future annual report notif	ication)
For further	information c	oncerning this matter, please co	all:	
LORENA	WARAT		786 543-4949 at () Area Code Daytime	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed i	s a check for th	ne 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 raddmonal copy is enclosed

MAILING ADDRESS: Registration Section

Division of Corporations
P.O. Box 6327

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SINGLE FRAME STUDIO LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{09/10/2019}{1}$ _____ and assigned Florida document number _____L19000228528 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC," Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 605, 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.

City

If Changing Registered Agent, Signature of New Registered Agent

_. Florida ___

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Name	<u>Address</u>	Type of Action
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Effective date, if other t fan effective date is listed, the Note: If the date inserted document's effective date	in this block does n	iot meet the applica	o date of filing or n ble statutory filir	(o) nore than 90 days a g requirements.	ptional) fter filing.) Pursuan this date will not	nt to 605.02 be listed a
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Filing Fee: \$25.00