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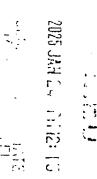
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
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Office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



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01/24/25--01027--032 **25.00



03/25/35 K. Hester

COVER LETTER

Div	ision of Corp	porations				
SUBJECT:	FRM STUD	DIO LLC				
Sobaler.		Name of Limited Liability Company				
The enclosed	L Articles of	Amendment and fee(s) are sub	omitted for filing			
			-			
Please return	all correspoi	ndence concerning this matter	to the following:			
		Hadi Alhaffar				
	Name of Person					
FRM STUDIO LLC						
Firm/Company						
230 NW 71 ST						
	Address					
Miami Florida 33150						
			City/State and Zip Code		- , 2	
		fxnworksllc@gmail.com			2025 JAH 550 17	
		Ē-mail address; (to be used for future annual report notifi	ication)	, A A	
For further in	iformation co	oncerning this matter, please c	all:		, 1	 E
Hadi Alhafî	ır		954 6739047		· 	, , ,
	Name of	Person		Telephone Numbe		1
Enclosed is a	check for th	e following amount:				
■ \$25.00 F	îling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ate of Status &	
Mass	ling Address		Sa A 4.1			

Mailing Address:

;

Registration Section

TO:

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FRM STUDIO LLC					
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our record Liability Company)	<u>ls.</u>)			
the Articles of Organization for this Limited Liability Company	were filed on 01/19/2021	and assigned			
lorida document number 1.21000036588					
his amendment is submitted to amend the following:					
. If amending name, enter the new name of the limited liab	ility company here:				
XN WORKS LLC					
ne new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC	" or the abbreviation "L.L.C."			
nter new principal offices address, if applicable:	3200 Mary St Apt 24				
Principal office address MUST BE A STREET ADDRESS)	Miami FL 33133	202			
		202 JAN			
		P :			
nter new mailing address, if applicable:	3200 Mary St Apt 24				
Mailing address MAY BE A POST OFFICE BOX)	Miami FL 33133	<u> </u>			
		10			
If amending the registered agent and/or registered office a gent and/or the new registered office address here:	nddress on our records, enter	the name of the new re			
Name of New Registered Agent:					
New Registered Office Address:		. <u></u> .			
	Enter Florida street address				
		orida			
	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 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.

If Changing Registered Agent, Signature of New Registered Agent

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
		 	
			□Remove
			□Remove
			□Change
			□Add
	•		□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Remove
			□Change
			□Add
			□Remove
			□ Chanus

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Effective date, if other than the date of filing: ______ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(b) E. Effective date, if other than the date of filing: 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. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 01/15/2025

Signature of a member or authorized representative of a member

Hadi Alhaffar

Typed or printed name of signee