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22 MAY 23 PM 3: 27

T. MATTHEWS

JUL 25 2022

COVER LETTER

TO: Registration Section

Division of Cor	porations			
	ELLERS STUDIO LLC			
SUBJECT:	Name of Lim	ited Liability Company		
Name of Person Area Code Daytime Telephone Number nclosed is a check for the following amount:				
Please return all correspo	ondence concerning this matter	to the following:		
	MARIA C LINDO			
	Name of Person			
	STORY TELLERS STUDIO LLC			
	Firm/Company			
	201 SW 17TH RD APT 310			
	~	Address		
	STORY TELLERS STUDIO LLC Firm/Company 201 SW 17TH RD APT 310 Address MIAMI. FL. 33129 City/State and Zip Code Catolina indo C3 @ Mail. com E-mail address: (to be used for future annual report notification) further information concerning this matter, please call: RIA C LINDO 305 343-9545 at ()			
		City/State and Zip Code		
	E-mail address: (10003 Θ 9 mail. α to be used for future annual report not	⇒W\ ification)	
For further information c	oncerning this matter, please c	all:		
MARIA C LINDO		at ()		
Name o	f Person	Area Code Daytim	ne Telephone Number	
Enclosed is a check for the	ne following amount:			
E \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy	
Registration S Division of C	Section Corporations	Registration Se Division of Co	rporations	
Tallahassee, 1	FL 32314 🗼	2415 N. Monro	e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

N FRUIT STATE SCORETARY OF STATE DIVISION OF CORPORATION:

STORY TELLERS STUDIO LLC

22 MAY 23 PH 3: 27

(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 Compar	y were filed on 01/11/2022	and assigned
Florida document number L22000024719		
This amendment is submitted to amend the following:		
Florida document number L22000024719 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 gent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida		
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or	the abbreviation "L.L.C."
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 agent and/or the new registered office address here:	e address on our records, enter the	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	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 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
MGR	ANDREA HOYOS	2900 NE 7th Ave apt 1204 miami, FL 33137	\equiv \equiv Add
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ffootive data if other than t	05/02/2	2022	(
ffective date, if other than the fective date is listed, the date is listed. If the date inserted in this ocument's effective date on the	must be specific and cannot be p block does not meet the ap	oplicable statutory f	(optional) or more than 90 days after filing.) Purs iling requirements, this date will r	uant to 605.0207 (not be listed as t
record specifies a delayed effect is filed.	tive date, but not an effecti	ve time, at 12:01 a.	m, on the earlier of: (b) The 90th	h day after the
ated MAY 02	2022			
Vc Cin	Signature of a member or a	· · · · · · · · · · · · · · · · · · ·		
	 Signature of a member of a 	authorized representa	tive of a member	
MARIA C LINDO				

Typed or printed name of signee