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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **VSTUDIOS GROUP LLC**

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EEB 17 2023 K. Brumbles

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION -> OF

VStudios Group LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Company Florida document number L23000022663	were filed on 01/10/23	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abl	breviation "L L.C."
Enter new principal offices address, if applicable:	7901 4th St N	
(Principal office address MUST BE A STREET ADDRESS)	STE 300	
	St. Petersburg, FL 33702	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7901 4th St N STE 300	
	St. Petersburg, FL 33702	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	address on our records, enter the name	2023 FEB 1.6
		P
<del></del>	, Florida	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>	<u>Address</u>	Type of Action
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(If an effective Note: If the		specific and cannot be prior does not meet the applic	able statutory filing req	(optional) an 90 days after filing.) Pursuant uirements, this date will not b	
he record spec ord is filed.	cifics a delayed effective da	ate, but not an effective ti	me, at £2:01 a.m. on the	e earlier of: (b) The 90th da	y after the
Dated	02/16	2023	·		
	02/16 Juin Sig	Strokek nature of a member or author	orized representative of a r	nember	

. . .

Filing Fee: \$25.00