## L2300020602:

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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

CELEBRATE STUDIO LLC SUBJECT: 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: Patricia I Valera Noriega Name of Person Celebrate Studio LLC Firm/Company 1239 E Plant St Apt 209 Address Winter Garden, FL 34787 City/State and Zip Code celebratestudiofl@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Patricia I Valera Noriega 635-6317 Name of Person Daytime Telephone Number Enclosed is a check for the following amount: □ \$25.00 Filing Fee **≡** \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) **Street Address:** Mailing Address: Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liabil (A Florid	lity Company as it now appears on our red la Limited Liability Company)	cords,)
The Articles of Organization for this Limited Liability ( Florida document number L23000206023	Company were filed on 04/26/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lir	mited Liability Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	**************************************	
(Principal office address MUST BE A STREET ADD	RESS)	
		. 0
Enter new mailing address, if applicable:		-rņ _
(Mailing address MAY BE A POST OFFICE BOX)		
(William & Basices MATA BEAT COST OF FICE BOAY)		, æ
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	· · · · · · · · · · · · · · · · · · ·	iter the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	Idress
		, Florida
<del></del> -	City	Zip Code

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

CELEBRATE STUDIO LLC

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Christian Avila	1239 E PLANT ST	
		APT 209	■ Remove
		WINTER GARDEN, FL 34787	□Change
AMBR	Patricia I Valera Noriega	1239 E PLANT ST	■Add
		APT 209	□Remove
		WINTER GARDEN, FL 34787	□Change
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etive date, if other than the date of filing:  ffective date is listed, the date must be specific and cannot be prior to date of filing or more than  If the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.	(optional) n 90 days after filing.) Firements, this date w	Pursuant to 605.0 ill not be listed
ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the filed.	earlier of: (b) The	90th day after t
d 05/13/2023 , 01:45 PM		