

L11000 113894

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

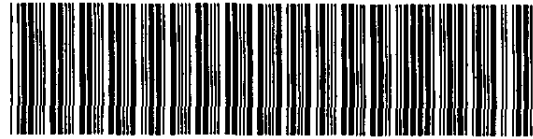
(Document Number)

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FILING OFFICE

J. SAULSBERRY
EXAMINER

AUG 15 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STUDIO PLUS LLC
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:

MIKE LENDINO
Name of Person

STUDIO PLUS LLC
Firm/Company

12730 NEW BRITTANY BLVD SUITE 606
Address

FORT MYERS FL 33907
City/State and Zip Code

MIKE.L@STUDIOPLUSARCH.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MIKE LENDINO at (239) 271-0355
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the 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
(additional copy is enclosed) |
|--|--|--|--|

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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

2013 AUG 14 AM 8:42
STAFF
MAIL ROOM

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

STUDIO PLUS 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 10/03/2011 and assigned
Florida document number L11000113894.

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 end with the words "Limited 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 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:

12730 NEW BRITANY BLVD SUITE 606

Enter Florida street address

FORT MYERS

City

Florida 33907

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

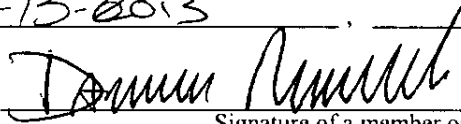
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	NEIL REILLY	1406 WSWANN AVE.	☒ Add
		TAMPA FL. 33606	☐ Remove
			☐ Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated 8-13-2013



Signature of a member or authorized representative of a member

DAMON ROMANELLO

Typed or printed name of signee

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Filing Fee: \$25.00

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CLERK
OFFICE