## L19000 180 661

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## **COVER LETTER**

Division of Corporations			
SUBJECT:	11 ARCHITECT Name of Lim	URAL STUDIO, LL ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	BRIAN	T. SHEPARD Name of Person	
	17/71 AR	CHITECTURAL Firm/Company	L STUDIO, LLC
	P.O. Box	X 1706 Address	
	LEONARD	City/State and Zip Code  The Interpretation of the Land Code of the Land C	AND 20650
	<u> </u>	to be used for future annual report notif	fication)
	oncerning this matter, please co		, ;1 ———
Bratan T	SHEPARD	at ( <u>202</u> ) <u>3\6</u> Area Code Daytime	7025
Enclosed is a check for th	ne 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 S		Street Address:	

Registration Section

TO:

Registration Section

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

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**

1111 Hachter	1 Studio, LLC	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears of our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L190001801661</u> .	were filed on 3 1 2021 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	MANJOT BAINS-SHEPARD	
(Principal office address MUST BE A STREET ADDRESS)	43574 BAYBERRY COURT LEONARD TOWN, MD 20650	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	,	
	· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, enter the name of the new registered	
Name of New Registered Agent:	N SHEPARD	
New Registered Office Address: 4100	N. KENNEDY BLVD. SUITE 334  Enter Florida street address	
TAM	PA Florida 33609 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 **Title** Name Address Type of Action AMBR MANJOT 43576 BAYBERRY CT. XAND BAINS-SHEPARD LEONARD TOWN, MD 20650 Remove \_\_\_\_ Change MEMBER GERALD W. BUCKLER, JR. 26908 ERIN DRIVE DAD MECHAWICSVILLE, MD ARemove 20659 \_\_\_\_\_\_ □Change ———— □Remove □Remove \_\_\_\_\_ □Remove