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13 OCT 16 PM 3: 00

SECRETARY OF STATE

OCT 1 8 2013

T. BROWN

COVER LETTER
TO: Registration Section Division of Corporations
SUBJECT: Third Eye Stydio, UC 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:
Third Eye Stydio LLC Firm/Company
323 Book Ocean Breeze, got. 9
City/State and Zip Code Intuitive internet 6 gmail. (am E-mail address: (to be used for future annual report polyfication)
For further information concerning this matter, please call:
THE LACKOIX at (50) 7/5-8767 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

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION appears on our records The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: "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: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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

MGR = Manager

MGRM = Managing Member				
<u>Title</u>	Name	Address	Type of Action	
			Add	
			Remove	
			Kemove	
		<u></u>		
		·	Add	
			Remove	
			Add	
			Remove	
			_	
			Add	
			Remove	
			Remove	
			Add	
			Remove	

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Dated October, 15th, 2013, 11:00 g.m.
Dated CONSCI For Signature of a member or authorized representative of a member
Heather E. Ca Cvo IX Typed or printed name of signee
Page 3 of 3
Filing Fee: \$25.00
Please make the name effective at october 15, th, 2013 at 11:00 g.m.)
October 15, th, 2013 90
11:00 g.m.)
Thank you