(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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## **COVER LETTER**

T		gistration Sec vision of Corp			
CI.	JBJECT:	studio630, L	ıc		
30	DJEC1.	· · · · · · · · · · · · · · · · · · ·	Name of Limit	ted Liability Company	
			Amendment and fee(s) are subm	_	
Ple	ease retur	n all correspor	ndence concerning this matter t	o the following:	
			Simone Tieber		
				Name of Person	
			studio 630 Communications	s, LLC	
			<del></del>	Firm/Company	<del>*</del>
			3527 20th Street N		
				Address	· · · · · · · · · · · · · · · · · · ·
			Saint Petersburg, FL 33713		
				City/State and Zip Code	
			simone@studio630.net		<del></del>
			·	o be used for future annual report notifica	tion)
Fo	r further i	information co	oncerning this matter, please ca	1):	
Si	mone Tie	ber		727 692-1946 at ()	
		Name of	Person	Area Code Daytime To	elephone Number
Er	closed is	a check for th	e following amount:		
	\$25.001	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 TO ARTICLES OF ORGANIZATION OF



studio630, 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 Florida document number L06000093921	were filed on 1/4/2011	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
studio630 Communications, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3527 20th Street N	
(Principal office address MUST BE A STREET ADDRESS)	Saint Petersburg, FL 33713	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	same as above	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her Name of New Registered Agent:		er the name of the ne
New Registered Office Address:	Enter Florida street address	
	Line: 1 wind siveel andless	
	, Florida	Zip Code
	City	гір Соае

## 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

<u>Title</u>	Name	Address	Type of Action
AMBR	Ernesto Difilippo	3519 20th Street N	<b>≅</b> Add
		Saint Petersburg, FL 33713	□ Remove
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			🗅 Add
			☐ Remove
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an ef ote:	nent's effective date on the Department of State's records.
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Page 3 of 3

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