

**L070000089610**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

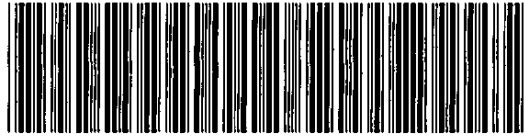
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 JAN 28 AM 5:52

**B. Tadlock JAN 31 2008**

**ALLEN L. JACOBI**  
**Attorney at Law**  
**A Professional Association**

January 23, 2008

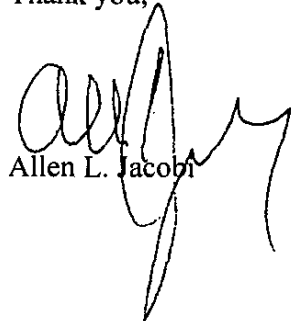
Registration Section  
Division of Corporations  
PO BOX 6327  
Tallahassee, FL 32314

RE: Amendment to STUDIO MONKEYZ, LLC

Dear Sirs,

The enclosed Articles of Amendment and \$30.00 fee for filing and a certificate of status. Please return all correspondence concerning this matter to the undersigned. If further information is needed, please do not hesitate to contact me at (305) 893-5644.

Thank you,

  
Allen L. Jacobi

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Studio Monkeyz, L.L.C.**  
(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:

Karlen Moodliyar  
(Name of Person)

Studio Monkeyz, LLC  
(Firm/Company)

20533 Biscayne Blvd., Suite 304  
(Address)

Aventura, FL 33180  
(City/State and Zip Code)

For further information concerning this matter, please call:

Allen L. Jacobi, Attorney at Law at ( 305 ) 893-5644  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

ALLEN L. JACOBI  
ATTORNEY AT LAW

FACSIMILE TRANSMITTAL SHEET

TO: Brenda FROM: Allen Jacobi  
COMPANY: Division of Corps. DATE: 1/30/08  
FAX NUMBER: (850) 245-6030 TOTAL NO. OF PAGES: 4 (incl. cover)  
PHONE NUMBER: (850) 245-6911 SENDER'S REF. NUMBER:  
RE: Studio Monkeyz LLC OUR REF. NUMBER:  
Amendment

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

Brenda -

Here's is the signed copy of  
the studio Monkeyz LLC Amendment.  
Sorry for the oversight!

Thank you,  
Allen Jacobi

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

Studio Monkeyz, L.L.C.

(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 August 30, 2007 and assigned  
Florida document number L07000089610

RECEIVED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 JAN 28 AM 5:52

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."

**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)*

Florida

*(City)*

*(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

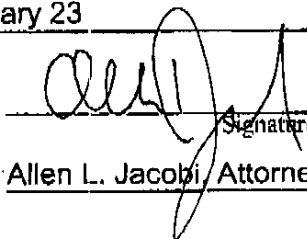
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Carlos Jose Brogdon	20533 Biscayne Blvd. Suite 304 Aventura, FL 33180	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Please correct the spelling of Karlen Moodliyar's name- please change

"Moodliyar" to "Moodliyar" in all places where it is found, e.g. Registered Agent,  
Manager/Member Detail, etc.

Dated January 23, 2008



Signature of a member or authorized representative of a member

Allen L. Jacobi, Attorney at Law

Typed or printed name of signee