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(Re	equestor's Name)	
(Ad	ldress)	
(Ac	dress)	
(Cir	ty/State/Zip/Phone	#)
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(Do	ocument Number)	
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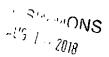
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



COVER LETTER

	ation Section n of Corporations
SUBJECT:	Chango Studios LLC Name of Limited Liability Company
_	Name of Limited Liability Company
The enclosed Art	ticles of Amendment and fee(s) are submitted for filing.
Please return all	correspondence concerning this matter to the following:
	Cameron Mizell Name of Person
	Chango Studios LLC
	1215 Seminola Blud. Unit 129
	Cassalbury FL 32707 City/State and Zip Code Cameron pierce mizel @ amail · Com E-mail address: (to be used for future annual report) notification)
	E-mail address: (to be used for future annual report notification)
For further infor	mation concerning this matter, please call:
Ca	MEYON MIZELL at (405) 740 - 9366 Name of Person Daytime Telephone Number
	Manie di Personi
Enclosed is a che	eck for the following amount:
□ \$25.00 Filing	g Fee

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

Chango St	Jolios LLC	
(Name of the Limited Liability Comp (A)Florida Limited	pany as it now appears on our records Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Companies of Organization for this Limited Liability Companies of the Section 1. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability.	bility company here:	FILED RE
The new name must be distinguishable and contain the words "Limited Liab	pility Company," the designation "LLC"	or the abbreviation, "L.L."
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)	2385 McIntyre Canandaigua, UY 14424	Road
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	r
		orida
	City	Zip Code
NI IN CARLO AND COLOR OF A COLOR CO. TO TAX CARLO AND A CARLO	4.	

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>	<u>Name</u>	Address	Type of Action
MGRM	Megan Foreman	2385 MrIntyre Rd	pDAdd
		2385 MrIntyre Rd Canandaigua, NY	□ Remove
		14424	Change
			Remove
			Change
			Add
			Remove
			Echange
			Add Remove
			Remove
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Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than Note: If the date inserted in this block does not meet the applicable statutory filing required document's effective date on the Department of State's records.	
he record specifies a delayed effective date, but not an effective time, The 90th day after the record is filed.	at 12:01 a.m. on the earlier of:
Dated Aug 2018.	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00