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COVER LETTER

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Registration Section

TO:

Division of Co	rporations			
	STUDIO, LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	XAVIER E. GARCIA, JR			
		Name of Person		
	NINZAN STUDIO, LLC			
		Firm/Company		
	3277 FRUITVILLE RD S	UITE D-2		
		Address		
	SARASOTA. FL 34237			
		City/State and Zip Code		
	ninzanstudio@mac.com E-mail address: (to be used for future annual report notif	ication)	
For further information of	concerning this matter, please c	all:		
XAVIER E. GARCIA, .	JR.	941 504-9003 at ()		
Name o	r Person		Telephone Number	
Enclosed is a check for t	he 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 Certificate of Certified Contadditional contadditional	of Status &
Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURT Registration Section Division of Corpora Clifton Building 2661 Executive Cet Tallahassee, FL 32	n ations nter Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NINZAN STUDIO, 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 were filed on $\frac{6/12/2008}{1}$ and assigned Florida document number __L08000058188 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 contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC." 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

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.

New Registered Agent's Signature, if changing Registered Agent:

City

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
AMBR	ALEXANDRO X. GARCIA	3277 FRUITVILLE RD	Add
		SUITE D-2	Remove
		SARASOTA, FL 34237	Change
			Add
			Remove
		/ □ Change	
			□ Add
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Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	ust be specific a block does not	and cannot be prior to date of filing timeet the applicable statutory		
he record specifies a delaye The 90th day after the re			ve time, at 12:01 a.n	n. on the earlier of:
D. JULY 13TH	•	2017		:
Dated JOET 13111	/ /	· · ·		; -
	4			
	Signature of	a member or authorized representa	ative of a member	
/				
ZAVIER E. GARCIA	JR.	XAVIERE - 19AF Typed or printed name of signs	WA, TIZ	

Page 3 of 3

Filing Fee: \$25.00