#L0900005845

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K. SALY EXAMINER MAY 3 1 2011

COVER LETTER

Division of Co	orporations		
SUBJECT:	Stud	iohuber, LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
		Susanne Huber	
		Name of Person	
		Studiohuber, LLC	
		Firm/Company	***************************************
		598 Brookfield Loop	
		Address	
		Lake Mary, FL 32746	
		City/State and Zip Code	
	E-mail address:	uberskyart@aol.com to be used for future annual report notifi	(motion)
San Carda a ta Cara a de			Cation
or turiner information	concerning this matter, please	2011;	
Sı	ısanne Huber	at (_407_)	448-2687
Name of Person		Area Code & Daytime Telephone Number	
Zuplanad is a sheet for	alo - Fallannin a ann anns		
Enclosed is a check for	-		
\$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)

TO:

Registration Section

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

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	Studiohuber, LLC	PALLAC	My 0 67.
(Name of the Limited I	Liability Company as it now appear Florida Limited Liability Company)	s on our records.	ASSEE, FLORIDA
The Articles of Organization for this Limited Lia Florida document number L09000058	bility Company were filed on		and assigned
Tioned document number			
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liability company here	: :	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Compar	ny," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B	OX)		·····
B. If amending the registered agent and/or registered agent and/or the new registered offi		ur records, <u>enter</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:		ru i i i i i	
	Enter Florida street address		uress
	City	, Florida	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>	Address	Type of Action
MGR	Susanne Huber	598 Brookfield Loop Lake Mary, FL 32746	Add Remove
MGRM	Susanne Huber	598 Brookfield Loop Lake Mary, FL 32746	✓ Add ☐ Remove
			AddRemove
			Perrove
			Add Remove
			Demove
D. If amen	ding any other information,	enter change(s) here: (Attach additional sheets,	if necessary.)
_			
_			
Dated	June 24	1.2011.	
	Signature	of a member or authorized representative of a memb	er
		Susanne Huber	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00