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## COVER LETTER

TO: Registration S Division of Co		, ,		
SUBJECT:	JZTUDIOS LLC			
	(Name of Limi	ited Liability Company)		
The enclosed Articles of	. f Amendment and fee(s) are sub-	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
·	Cec	Name of Person)	7.0	
	Jztudio	(Name of Person)  S. LLC (Firm/Company)	APR 13	
		Greeley Dr. (Address)	2009 APR 13 AM 10: 46 TALLAHASSEE, FLORIU	
	_Tampa FI	33625 (City/State and Zip Code)		
For further information of	concerning this matter, please ca	il:		
Jahre or Cec	of Person)	at ( <u>813</u> ) <u>908-3925</u> (Area Code & Daytime Te	lephone 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 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

(Name of the Limited (A	Liability Compar Florida Limited L	ıy as it now appears o iability Company)	n our records.)	
The Articles of Organization for this Limited Li Florida document number		were filed on $3/$	13/2009	and assigned
This amendment is submitted to amend the following	owing:			~ <u>12</u> ~
A. If amending name, enter the new name of	the limited liabi	ility company here:		, in the second
The new name must be distinguishable and end wit "L.L.C."	h the words "Limit	ted Liability Company,	" the designation	"LLC" or the abbreviation
Enter new principal offices address, if applications	able:			
(Principal office address MUST BE A STREE	T ADDRESS)			72
Enter new mailing address, if applicable:				APR 13
(Mailing address MAY BE A POST OFFICE)			EF TOPLO	
B. If amending the registered agent and/or the new registered of	~		records, enter	the name of the new
Name of New Registered Agent:	Сесч	Zuabi		
New Registered Office Address:	14904	6REELE	1 DR	
	(Enter Florida street address)			
	TA	n Pa (City)	, Florida _	33625 (Zip Code)
		(City)		(Zip Code)
New Registered Agent's Signature, if changing R	egistered Agent:			
I hereby accept the appointment as registered the provisions of all statutes relative to the pr accept the obligations of my position as regis	roper and compl	ete performance of r	ny duties, and l	am familiar with and

Page 1 of 2

(If Changing Registered Agent, Signature of New Registered Agent)

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 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
<u>MGR</u>	Cecy Zugbi	14904 Greeley Dr. Tampa FL 33625	Add Remove
MGP	Jahre Zugl	14904 Greeley Dr. Tamps FI 33625	Add  Remove
<u> </u>			Add Remove
			Add Remove
			CREE Remove
			Add - Remove
D. If am	ending any other information,	enter change(s) here: (Attach additional sheets,	if necessary.)
			<u> </u>
Dated	4-7-2009		
	Signature	of a member or authorized representative of a member	er .
		Typed or printed name of signee	<u>.</u>

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Filing Fee: \$25.00