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## **COVER LETTER**

Division of Corporations
STUDIUM LLC 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:
Stefanie L Neuman-Auza
Studium LLC Firm/Company
1028 Bal Harbour Dr
Apollo Beach FL 33572  City/State and Zip Code  Studium II c @ gmail-Com  E-mail address: (to be used for future dimual report notification)
for further information concerning this matter, please call:
Stefanie Neuman - Huza at (727) 215-330Z  Name of Person Area Code Daytime Telephone Number
inclosed is a check for the following amount:
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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**

Studium	LLC	
( <u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on a Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Of Florida document number <u>LO900048811</u> This amendment is submitted to amend the following:	Company were filed on <u>Ma</u>	Y 19, 2009 and assigned
A. If amending name, enter the new name of the lin	nited liability company here:	
N/A The new name must be distinguishable and contain the words "Lun	nited Liability Commany "the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NA	
Enter new mailing address, if applicable: ( <u>Mailing address MAY BE A POST OFFICE BOX)</u>	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office add	lress here:	
Name of New Registered Agent:  New Registered Office Address:	N A	itreet address
		, Florida
New Registered Agent's Signature, if changing Registere	ed Agent:	
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and a accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change	complete performance of my igent as provided for in Chap ed office address, I hereby c	duties, and I am familiar with and oter 605, F.S. Or, if this document is onfirm that the limited liability  All All All All All All All All All Al
	If Changing Registered Agent,	
	Page 1 of 3	O: 15 STATE LORIDA

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 = Ma AMBR = An	anager uthorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Stefanie L. Neuman - Auzo	- 1028 Bal Harbour Dr Apollo Buach FL 3357	Z Remove
AMBR_	Steven Auza	1028 Bal Harbour Dr Apollo Beach FL 33572	□ Remove
			□ Add□ Remove
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		ALLAHASSEE, FLORIDA	17 Jange FILE D Add AN IOF STATE Change

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n effective date is listed, the d	late must be specific an	nd cannot be prior to	date of filing or mo	re than 90 days after	filing.) Pursuant to 6	
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record specifies a de			an effective tir	ne, at 12:01 a	.m. on the ear	lier of
The 90th day after th	e record is filed	•				
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<del></del>	Signature of a	member or authori	ized representative of	f a member	一 芸芸 子	
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Filing Fee: \$25.00