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**EXAMINER** 

**COVER LETTER** 

813-633-3397

TO: Registration Section
Division of Corporations

SUBJECT:		NUE STUDIOS,	LLC		
	Name of Limit	ed Liability Company			
		,			
The enclosed Articles o	f Amendment and fee(s) are sub-	mitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Jı				
	Justin J. Klatsky, Esq.  Name of Person				
	Ov	vens Law Group, P	.A.		
	_				
	811-	B Cypress Village	Blvd		
		Address			
		Ruskin, FL 33573		2012 FEB 21 SECRETAR' ALLAHASS	
		City/State and Zip Code		EB 2	
	E-mail address: (to	be used for future annual r	eport notification)	ميد الملة	
For further information	concerning this matter, please ca	dl:		AM IO; 57. OF STATE E, FLORIDA	
Alissa M.	Martinez, Paralegal	at ( 813 )	633-3396 ext.106	57 RID 8	
	of Person		& Daytime Telephone Numb		
				·	
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is	Certific s enclosed) Certific	iling Fee, ate of Status & od Copy onal 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

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WILL	<u>.OW AVENUE STUDIOS,</u>	LLC	
(Name of the Limite	ed Liability Company as it now appea (A Florida Limited Liability Company)	irs on our records.)	
The Articles of Organization for this Limited	Liability Company were filed on	08/21/2009	and assigned
Florida document number L0900008			
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liability company he	<u>re</u> :	
	•		
The new name must be distinguishable and end v "L.L.C."	with the words "Limited Liability Comp	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if appl	icable:		<b>3</b> 23
(Principal office address MUST BE A STRE	EET ADDRESS)		FG <b>3</b>
		;	E G T
			2 N
Enter new mailing address, if applicable:		f r	75 <b>&gt;</b> 171
(Mailing address MAY BE A POST OFFICE	F ROYO		
Internet address will bir 1 557 51 120			5
			<del>- 51</del>
B. If amending the registered agent and registered agent and/or the new registered		our records, enter t	he name of the new
Name of New Registered Agent:	MithAus	1000	A 0-
New Registered Office Address:	2141 Brand	on rank	Cull
•	$\mathcal{A}$ . $\mathcal{A}$ $\stackrel{E_1}{\longrightarrow}$	nter Florida street addi	ess
	Mandon	, Florida	3 33510
	City		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.

MGR = Manager

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:

MGRM = Managing Member Type of Action **Title** Name | **Address MGRM** JACOBS, JAMIE 16318 DORMAN ROAD ☐ Add 7 Remove LITHIA FL 33547 D'ANGELO, ROBERT MGRM 2817 FAIRWAY VIEW DRIVE ☐ Add VALRICO FL 33596 ✓ Remove □ Add Remove Remove 2  $\Box$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 15 February Dated Signature of a member or authorized representative of a member Mitch Nunes

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00