1100000005837

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



000181841430

06/28/10--01012--012 **25.00



D. BRUCE

JUN 29 2010

EXAMINER

COVER LETTER

O: Registration Section Division of Corporations	
SUBJECT: 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:	
Stratton Name of Person	:
Ink Studios LLC	
1200 Harbor Hills Dr. Address	
Largo FL 33:770 in the state and Zip Code	
Me e james johannessen. com E-mail address: (to be used for future annual report notification)	nj =
or further information concerning this matter, please call:	P===
Tiffany Stratton at 121, 656.5092 S	7
\$25.00 Filing Fee \$\ \text{Solution}\$\$\$\$ \$55.00 Filing Fee & \$\ \text{Certificate of Status}\$\$\$\$ (additional copy is enclosed) \$\$\$\$\$ \$60.00 Filing Fee, \$	ed)

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 Tailahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Ink Stu	idios,	LLC	ノ					
(Name of the Limited Liability		iow appea		records.)				
The Articles of Organization for this Limited Liability Co. Florida document number	ompany were fil 7 .	led on	6/18	10		and a	ssigned	
This amendment is submitted to amend the following:	• • • •		: .	• · · · · · · · · · · · · · · · · · · ·		,		
A. If amending name, enter the new name of the limit	ed liability cor	npany he	<u>re</u> :					
The new name must be distinguishable and end with the word "L.L.C."	ls "Limited Liab	ility Comp	any," the	designatio	n "LLC'	" or the	abbrevi	ation
Enter new principal offices address, if applicable:			ı		<u>.</u> 'i			
(Principal office address MUST BE A STREET ADDR	ESS)		1			10		
			:		7 A D		***************************************	57
					RY O	28 P	-	
Enter new mailing address, if applicable:			1		<u> </u>	<u>ವಾರೆ</u> ಬು	1.71 []	.
(Mailing address MAY BE A POST OFFICE BOX)						2 8		_
B. If amending the registered agent and/or registoregistered agent and/or the new registered office addr		dress on	our reco	ords, <u>ent</u>	er the	name	of the	new
* Name of New Registered Agent:	1i-	ffan	4	Str	att	on	<u>, </u>	
New Registered Office Address:		MD En	ad uter Flori	<u> Lress</u> da street	address	ha	ng e	
				, Florida				
	City	÷	,	,		Zip Co	de	
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.

Page 1 of

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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
· .		·	Add Remove
			Kelliove
			Add Remove
		1	
· · · · · · · · · · · · · · · · · · ·			Add Remove
		1	
			Add Remove
		(
			Add
D. If amend	ing any other information, enter change	(s) here: (Attach additional sheets, if necessa	
Kegi	stered Agent Name c	hango only	3: 23 3: 23
	I certify that	t I am Jamiliai with	<u> </u>
an	d I accept the o		utton.
/	,		
Dated	June 25, 20	10	
	Signature of a member	or authorized representative of a member	,
	JAMES JOH	ANNESSEN or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00