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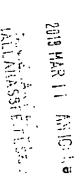
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COVER LETTER

	Name of Lim	ited Liability Company	
he enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
lease return all correspo	ondence concerning this matter	to the following:	
	Cheyenne Moseley		**************************************
		Name of Person	
	Legalzoom.com, Inc.		
		Firm/Company	
	101 N. Brand Blvd., 11t	th Floor	
		Address	
	Glendale, CA 91203		
	Darwinbbodero@aol.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notific	cation)
or further information o	concerning this matter, please c	all:	
Cheyenne Moseley		800 773-0888 ex	
Name o	of Person	Area Code Daytime	Telephone Number
nclosed is a check for the	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

TO:

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**

CARIOCA CAPOEIRA MARTIAL ARTS STUDIO, LLC

ARTIC	CLES OF ORGANIZATION	ON es.
	OF	The state of the s
CARIOCA CAPOEIRA MARTIA	AL ARTS STUDIO, LLC	
(Name of the Limited (A	Liability Company as it now appears on Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liab	polity Company were filed on $\frac{07/15}{1}$	/2010 and assigned
Florida document number 1.10000074835	·	··.
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
Ocean Life Studio LLC		
The new name must be distinguishable and end with the we	ords "Limited Liability Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	
	et	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
	"	
B. If amending the registered agent and/or	•	ir records, enter the name of the new
registered agent and/or the new registered office	ce address here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida .	street uddress
		, Florida
	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 605, 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 Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

<u>itle</u>	<u>Name</u>	<u>Address</u>	Type of Action
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			□ Remove
			Add
			Remove
			Add
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effective date must be specific, cannot be prior to date of receipt or filed date and date this document is filed by the Florida Department of State)	(optional cannot be more than 90 days after
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e effective date must be specific, cannot be prior to date of receipt or filed date and e date this document is filed by the Florida Department of State)	cannot be more than 90 days after
Jacob Start	cannot be more than 90 days after

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