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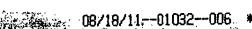
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SECRETARY OF STATE
ANASSEF, FI ORID

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J. BRYAN

AUG 19 2011

EXAMINER

COVER LETTER

TO: Registration S Division of Co				
SUBJECT:	Studio Jon Name of Limi	ted Liability Company		
The enclosed Articles o	of Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	condence concerning this matter	to the following:		
	Johan	na Polk Name of Person		<u>n</u>
	Studi	Firm/Company	AUG 18 PM 1: 28	ELLED
	5355	Kingfisher C	F STATE	
	Tallah	2-SSCE FL 32: City/State and Zip Code	303	
	Studi E-mail address: (o jopo @ hotmo	tion)	
For further information	concerning this matter, please of	all:		
Johann Name	na Polk of Person	at (<u>954)</u> 328.5 Area Code & Daytime T	2343 Celephone Number	
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 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

Studio	o Jopo, U	.C.	
(Name of the Limited Liab (A Flori	illity Company as it now appears ida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability	ty Company were filed on	ay 16, 2011 and assigned	
Florida document number L1100005710	<u>, 5</u>		
Γhis amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability company here	; 7/2	
The new name must be distinguishable and end with the 'L.L.C."	words "Limited Liability Compan	y," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	n/a	Eg 😤	
Principal office address MUST BE A STREET AL	ODRESS)	CO AL TI	
Enter new mailing address, if applicable: ^/a		SSEE PE D	
Mailing address MAY BE A POST OFFICE BO	2	ORIDE 2	
B. If amending the registered agent and/or re registered agent and/or the new registered office a	•	ur records, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	Ente	er Florida street address	
	, Florida		
	City	Zip Code	

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.

New Registered Agent's Signature, if changing Registered Agent:

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 **Title** Address Type of Action **Name** Johanna Polk MGRM **⊠.**Add Remove Shanna Polk MGIR ☐ Add ☐ Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00

Ohanna Holk
Typed or printed name of signee