L11000057263

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12 MAY -9 AH II: 00

MAY 1 0 2012¹ T. **HAMPTON**

COVER LETTER

TO: Registration Sec Division of Corp			,
SUBJECT: 54	udio Plaza L	ZZC ed Liability Company	
	Name of Limite	ей Біаонну Сопірапу	•
The enclosed Articles of A	Amendment and fee(s) are subr	mitted for filing.	
Please return all correspon	ndence concerning this matter t	to the following:	
	Emmanu	Name of Person	
		Firm/Company	
	18 Cathe	dal Place Address	
	St. Augustin	City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code	/
·	Plazaverde E-mail address: (10	be used for future annual report notificat	e —
For further information co	oncerning this matter, please ca	all:	
Emmanue/ Name of	Nortgat Person	at (<u>904)</u> 82 9 - 53 Area Code & Daytime T	clephone Number
Enclosed is a check for the	e 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

May 7, 2012

Emmanuel Moortyat
18 Cathedral Hace
St. Augustive, FL 32084
(904) 829-5535

Thank you for processing the name change on this LLC, from studio Plaza to Floridian Studios.

e stoolft.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECRETARY OF STATE DIVISION OF CORPORATIONS

12 MAY -9 AM 11:00

Studio Plaza	2LC	
(Name of the Limited Liabil (A Florid	LL C. lity Company as it now appears da Limited Liability Company)	s on our records.)
The Articles of Organization for this Limited Liability	Company were filed on	Tay 16, 2011 and assigned
Florida document number <u>L 110000572</u>		
This amendment is submitted to amend the following.	:	
A. If amending name, enter the new name of the li	imited liability company hero	2:
Floridian Studio LL	C	
The new name must be distinguishable and end with the v "L.L.C."	words "Limited Liability Compai	ny," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		· · · · · ·
(Principal office address MUST BE A STREET AD)	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regregistered agent and/or the new registered office and		ur records, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Ente	er Florida street address
	City	, Florida Zip Code
	Cuy	zip Coae

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.

If Changing Registered Agent, Signature of New 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 = Ma MGRM = N	nager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.)	
 			SECRETARY OF STATE 12 HAY -9 AM 11: 00
Dated	Mey 7, 2012	·	ATIONS
	Signature of a memb Emmenve Most	er or authorized representative of a member 777 d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00