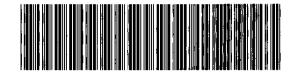
L11000057399

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COVER LETTER

TO: `	Registration Solution of Con		, , , , ,			
SURJE	CT:	Studios o	f San Jose, LLC			
	· · · <u> · · · · · · · · · · · · · · ·</u>		ted Liability Company			
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please r	eturn all correspo	ondence concerning this matter	to the following:			
			Lesli Bailey			
			Name of Person			
Stu			udios of San Jose, LLC			
			Firm/Company			
			760 Matterhorn Ct			
			Address	,		
		Ja	acksonville, FL 32259			
			City/State and Zip Code			
		lesli@leslib.com E-mail address: (to be used for future annual report notification)				
For furt	her information	concerning this matter, please of	•	ionion)		
roi iuit	nei imornianon	concerning tins matter, picase c	ali.			
	l	Lesli Bailey	at (_904_)	982-1263		
	Name	of Person	Area Code & Da	ytime Telephone Number		
Enclose	d is a check for t	the following amount:				
₹ 25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	555.00 Filing Fee & Certified Copy (additional copy is encl	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	MAIL	LING ADDRESS:	STREET/CO	URIER ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATION

		11	ED	
11	SEP	12	PM	1:47
SEC	RF 12	DV r	·F'	

9,	OF	5	, or 15 bh	1:47
STUDYOS OF (Name of the Limited L. (A F	SAN JDS6, C iability Company as it lorida Limited Liability	now appears on ou Company)	DECRETARY OF ALLAHASSEE, FL r records.)	STATE ORIDA
The Articles of Organization for this Limited Liab Florida document number <u>L1100005739</u>		iled on <u>MAY 16</u>	, 2011	and assigned
This amendment is submitted to amend the follow	ring:			
A. If amending name, enter the new name of the	he limited liability co	mpany here:		
The new name must be distinguishable and end with "L.L.C."	the words "Limited Lial	bility Company," the	designation "LLC"	or the abbreviation
Enter new principal offices address, if applicab	ole:			
(Principal office address MUST BE A STREET	ADDRESS)	 		
		···-		
Enter new mailing address, if applicable:		<u>.</u>		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>			
				 _
B. If amending the registered agent and/or registered agent and/or the new registered office		ldress on our rec	ords, enter the r	name of the nev
Name of New Registered Agent:				
New Registered Office Address:				
		Enter Floi	rida street address	

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.

City

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 = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Magaly Torres	6325 Falbridge Ct Jacksonville, FL 32258	✓ Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, ent	er change(s) here: (Attach additional sheets, if neces	ssary.)
			TALLAHASSEE.
Dated	September 9th	, 2011	PH 1:47
	Signature of	a member or authorized representative of a member	
		Lesli Bailey Typed or printed name of signee	<u> </u>

Page 2 of 2

Filing Fee: \$25.00