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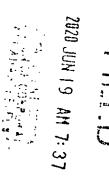
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June 10, 2020

LISA KEPICS DICKS & NANTON P.A. 520 N ORLANDO AVENUE #2 WINTER PARK, FL 32789

SUBJECT: DNA CONSULTING LLC

Ref. Number: L11000114851

We have received your document for DNA CONSULTING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

SUCCESS NETWORK, "LLC" - L16000229989

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young Regulatory Specialist II

Letter Number: 920A00011486



520 N. Orlando Avenue #2 • Winter Park, FL 32789

(toll free) 800.981.1403 • (phone) 407.215.7737 • (fax) 407.215.7736

June 15, 2020

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

Re:

DNA Consulting LLC

Ref No:

L11000114851

We have received the enclosed documentation and we would like to have the name change be **StudioLink LLC**. I have included new amendment paperwork for this.

Let me know if you need anything else.

Thank you.

Lisa B. Kepics

Florida Registered Paralegal

Cc: File

COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Lisa B. Kepics		
	<u> </u>	Name of Person	
	Dicks & Nanton, P.A.		
	<u> </u>	Firm/Company	
	520 N Orlando Avenue #2		
		Address	
	Winter Park, FL 32789		
		City/State and Zip Code	
	lisa@dnagency.com		
	E-mail address: (to be used for future annual report no	tification)
For further information c	oncerning this matter, please c	all:	
Lisa B. Kepics		407 215-7564 at ()	
Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for the	ne 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		Street Address:	antian
Registration 9 Division of C		Registration Se Division of Co	
P.O. Box 6327		The Centre of	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DNA Consulting LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A Florida	a Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on 10/6/2011	ည် an d l assigned
Florida document number L11000114851	<u> </u>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
StudioLink LLC		
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "Li	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	,
		<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		· .
	1 CC 11	the many of the many registers
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>ent</u>	er the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	ress
	_1	Florida
	City	Florida 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 amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			Remove
			□Change
			□Add
			□Remove
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Effective date, if other than the date of filing:					
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