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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Ham Studios LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Alexiou Gibson Name of Person
Ham Studies LLC Firm/Company
1263 imperial lake road Address
West Palm Beach FL 33413 City/State and Zip Code
Ham Studios UC @ gmail.com E-mail address: (to be used for luture annual report notification)
For further information concerning this matter, please call:
Alexan Gibson at (561) 246-7047 Name of Person Area Code & Daytime Telephone Number SA 8
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$25.00 Filing Fee & \$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

OF	7	
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our re	cords.)
The Articles of Organization for this Limited Liability Company Florida document number L120065385.		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi		
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the des	signation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	NIA	
(Principal office address MUST BE A STREET ADDRESS)		70 3
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	JAN 18 PH 12: ERETARY OF STA
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		ls, enter the name of the new
Name of New Registered Agent:	N/A	
New Registered Office Address:		
		street address
-19-20	City , F	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 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member

Title Address **Type of Action** Name Remove Add ☐ Remove Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2013 Signature of a member or authorized representative of a member Alexou U: bSon
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00