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COVER LETTER

Division of Co	orporations		
FCPR STU SUBJECT:	UDIOS LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	FRANCHESCA R FREAL)	
		Name of Person	
		Firm/Company	
	1095 MILITARY TRAIL	#7254	
		Address	
	JUPITER FL 33458		
		City/State and Zip Code	
	FRANCHESCA@FRANC		
	E-mail address: (to be used for future annual report notific	ation)
For further information	concerning this matter, please c	all:	
FRANCHESCA R FRE	EAD	561 614 0444	
Name	of Person	Area Code Daytime	elephone 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:

TO:

Registration Section

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

FCPR STUDIOS LLC				
(Name of the Lim	ited Liability Compa (A Florida Limited)	ny as it now appears on our r Liability Company)	ecords.)	
The Articles of Organization for this Limited	Liability Company	were filed on 6/15/2012	and assigned	
Florida document number L12000079914	·			
This amendment is submitted to amend the fol	llowing:			
A. If amending name, enter the new name	of the limited liab	ility company here:		
FRANCHESCA FREAD PHOTOGRAPHY LLC	:			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		FRANCHESCA FREAD PHOTOGRAPHY		
		1095 MILITARY TRAIL #7254		
		JUPITER FL 33458		
Enter new mailing address, if applicable:		FRANCHESCA FREAD	PHOTOGRAPHY	
Mailing address MAY BE A POST OFFICE	E BOX)	1095 MILITARY TRAIL	#7254	
		JUPITER FL 33458	対対は	
B. If amending the registered agent and registered agent and/or the new registered of			SSEE SSEE	
Name of New Registered Agent:	FRANCHESCA	A R FREAD		
New Registered Office Address:	1095 MILITAR	RY TRAIL #7254	57. 02	
		Enter Florida street a		
	JUPITER		_, Florida	
		City	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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	FRANCHESCA R FREAD	1095 MILITARY TRAIL #7254	
		JUPITER, FL 33458	Remove
			■ Change
			Add
			Remove
			Change
			□ Remove
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ective date, if other than the date effective date is listed, the date must be	e of filing:		(option	nal)
effective date is listed, the date must be tee: If the date inserted in this block	specific and cannot be p does not meet the ap	orior to date of filing or plicable statutory fili	more than 90 days after f ng requirements, this c	lling.) Pursuant to 605.020 date will not be listed a
cument's effective date on the Depar	tment of State's reco	rds.		
record specifies a delayed ef The 90th day after the record		not an effective	time, at 12:01 a.	m. on the earlier o
DECEMBER 16	2017	·		<u>ئەرىن ئات</u>
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Janche	CO Le A	ell authorized representative	ve of a member	

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Filing Fee: \$25.00