

L1200011607

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H18000152211 3)))



H180001522113A9CV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6388

From: Account Name : TORRES & VADILLO, LLP
Account Number : 120150000038
Phone : (305) 465-9700
Fax Number : (305) 436-0191

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DESIGN DISTRICT STUDIOS LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

FILED
TALLAHASSEE, FLORIDA

2018 APR 16 A 11:04

FILED



RECEIVED

2018 MAY 16 PM 1:45

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

Electronic Filing Menu

Corporate Filing Menu

Help

07/1/2018

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

DESIGN DISTRICT STUDIOS LLC

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

The Articles of Organization for this Limited Liability Company were filed on 8/28/12 and assigned
Florida document number L12000110807

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
2016 APR 16 AM 11:00
CLERK OF CIRCUIT COURT
JUDICIAL CIRCUIT IN AND FOR
DADE COUNTY, FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

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 Changing Registered Agent, Signature of New Registered Agent

H180001522113

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

H180001522113

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	POROSOFF, ARTHUR	2455 SW 27TH AVENUE	<input type="checkbox"/> Add
		SUITE 220	<input type="checkbox"/> Remove
		MIAMI, FLORIDA 33145	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
2018 APR 16 11:00
FACILITY ACCESS CONTROL

H180001522113

H18000152211 3

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

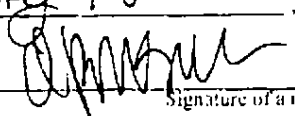
2018 APR 16 A 11:00
DELMAR COUNTY
CLERK

FILED

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated May 15th, 2018



Signature of a member or authorized representative of a member

Arthur D. Porosoff

Typed or printed name of signor

H18000152211 3