# 13000001187

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



100250211881

08/02/13--01005--002 \*\*25.00

FILED
2013 AUG -2 PH 2: 4.6
SECRETATE OF STATE
SECRETATES SEE FLORID

# **COVER LETTER**

то:	Registration Section Division of Corporations	1
SUBJE	Name of Limited Liability Company	\ \ \
The en	closed Articles of Amendment and fee(s) are submitted for filing.	,
Please	return all correspondence concerning this matter to the following:	
	Lisa Wilcox Name of Person	
	Firm/Company	
	721 ISTAUEN.	
	St Petersburg Fl 33701	
	E-mail address: (to be used for future annual report notification)	
For fur	ther information concerning this matter, please call:	
	Name of Person  Name of Person  Area Code & Daytime Telephone Number	
Enclos	ed is a check for the following amount:	
Ø\$25	Certificate of Status  Certified Copy (additional copy is enclosed)  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

TALLAHLESSEE, FLORIDA

Studio Rhino, 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 Liab	ility Company were filed on 1/3/2013	and assigned	
Florida document number L13000001187	·		
This amendment is submitted to amend the following	ing:		
A. If amending name, enter the new name of th	e limited liability company here:		
The new name must be distinguishable and end with the "L.L.C."	he words "Limited Liability Company," the designat	tion "LLC" or the abbreviation	
Enter new principal offices address, if applicable	le:		
(Principal office address MUST BE A STREET A	4DDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO			
	<del></del>		
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, <u>e</u> <u>e address here</u> :	nter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
-	, Florid	da 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 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>Address</u> **Type of Action** <u>Name</u> Sean Michael Davis 4324 POMPANO LN PALMETTO, FL 3422 i **MGRM** PAUL Kubala MGRM 5695 KIWANIS PL ST PETERSBURG, FL 33703 Remove Remove Remove Remove

D. If ainen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
_		
Dated		
	Signature of a member or authorized representative of a member  A Classification of signee A Margarian Control of Signee A Mar	J 10
	Page 3 of 3 Manag	na memberg
	Filing Fee: \$25.00	Ehino LLC

FILED
2019 AUG -2 PH 2: 46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA