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| PICK-UP WAIT MAIL |
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| Special Instructions to Filing Officer: |
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SECRETARY OF STATE
FOLLAMASSEF. FLORIDA

K. SALY EXAMINER JAN 1 4 2014

COVER LETTER

| TO: Registration Sec Division of Corp | | | |
|--|---|--|---|
| SUBJECT: 5 | tudio Zero G, LLC Name of Limite | | |
| SCBSECT. | Name of Limite | ed Liability Company | |
| | | | |
| The enclosed Articles of A | Amendment and fee(s) are sub- | mitted for filing. | |
| Please return all correspon | ndence concerning this matter | to the following: | |
| | Robert | Guy Gorhan III Name of Person | |
| | | Name of Person | |
| | Stu | Idio Zero G Firm/Company | |
| | | Firm/Company | |
| | 618 13th S | 4. Syste 102 Address | |
| | | Address | |
| | St. Cloud, | FL 34 H9 City/State and Zip Code | |
| | | | |
| | Rob@Stydiaza E-mail address: (1 | crog. Cor to be used for future annual report notificat | tion) |
| For further information co | oncerning this matter, please ca | | · |
| Robert Goila | M | at (<u>407</u>) <u>873-560.</u> Area Code Daytime Te | 5 |
| Name of | Person | Area Code Daytime Te | elephone Number |
| Enclosed is a check for th | e 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:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | FILL | <u></u> |
|----------|------------------------|--------------------|
| ' UA | 1 <i>N</i> , _ | |
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| Studio Zero E, LIC | | CAHASSEF PSTATE |
|---|--|---------------------------|
| (Name of the Limited Liability Compa (A Florida Limited I | ny as it now appears on our records.) Liability Company) | CAHASSEE, FLORIDA |
| The Articles of Organization for this Limited Liability Company Florida document number 67575 BL1300008 | were filed on 6/17/13 | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | |
| The new name must be distinguishable and end with the words "Lim"L.L.C." | ited Liability Company," the designation ' | 'LLC" or the abbreviation |
| Enter new principal offices address, if applicable: | 618 13th St. Sute 102 | |
| (Principal office address MUST BE A STREET ADDRESS) | 618 13th St. Syte 102 St. Cloud, FL 34769 | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 618 13th St. Suite 102 St. Cloud, FL 34H9 | |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here | | the name of the new |
| Name of New Registered Agent: | April VPP WALL | |
| New Registered Office Address: | Enter Florida street ada | lress |
| | Florido | |
| | 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

| MGR = N AMBR = A | lanager Authorized Member | | |
|--|--|---------|----------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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| Effective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207) ated Jan 7 th , 2014 Signature of a member or authorized representative of a member Robert Gy Gothen II Typed or printed name of signee | | · · · · · · · · · · · · · · · · · · · | | | |
|--|-----------------------------------|--|---------------------------------------|-------------------------|--|
| Signature of a member or authorized representative of a member | | | | | |
| Signature of a member or authorized representative of a member | | | | | |
| signature of a member or authorized representative of a member | | | | | |
| Signature of a member or authorized representative of a member | | · · · · · · · · · · · · · · · · · · · | · · | | |
| Signature of a member or authorized representative of a member | Effective date, an effective date | f other than the date is listed, the date must | of filing:t be specific and can | not be more than 90 d | (optional) ays after filing.) (605.0207 (3 |
| Signature of a member or authorized representative of a member Robert Gur Gorbon TI | ited Jan 1th. | 2014 | · · · · · · · · · · · · · · · · · · · | | |
| Signature of a member or authorized representative of a member Robert Gur Gothom TI | | | | | |
| Robert Gur Corbon II | | 16/1/N | | | c 1 |
| | | Signatur | e of a member or auth | orized representative o | a member |
| 7 Typed or printed name of signee | | Signatur Robert Gy | re of a member or auth | orized representative o | f a member |

Page 3 of 3

Filing Fee: \$25.00