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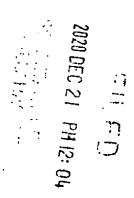
	Requestor's Name)	
	Address)	
	Address)	
(City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
	Business Entity Name)	
(Document Number)	
Copies	Certificates of S	itatus
al Instructions	to Filing Officer:	

Office Use Only



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12/21/20--01044--016 **25.00



2/1/21

COVERLETTER

Registration Section
Division of Corporations

ECT:	Name of Lin	nited Liability Company	•
closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
return all correspo	ondence concerning this matter	to the following:	
	Andrew Letourneau		
	<u> </u>	Name of Person	
	Studio 825 Rentals LLC		
		Firm/Company	 _
	1830 W Broward Blvd		
		Address	
	Fort Lauderdale, FL 33312	2	
		City/State and Zip Code	
	angela.letoumeau@gmail.c	om	
	E-mail address: (to be used for future annual report notifi	ication)
rther information o	oncerning this matter, please c	all:	
la Letourneau		612 384-2644 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
sed is a check for the	he 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Studio 825 Rentals LLC

(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)		
rticles of Organization for this Limited Liability Company v	and assigned		
a document number L13000169762			
mendment is submitted to amend the following:			
amending name, enter the new name of the limited liabil	ity company here:		
w name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the	abbreviation "L.L.C."	
new principal offices address, if applicable:		2020	
cipal office address MUST BE A STREET ADDRESS)		烈士 居 有	
		N =	
		· · · · ·	
new mailing address, if applicable:	-	PH IZ	
ing address MAY BE A POST OFFICE BOX)		<u> </u>	
amending the registered agent and/or registered office act and/or the new registered office address here:	ldress on our records, enter the na	ame of the new registered	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
		, Florida	
Registered Agent's Signature, if changing Registered Agent:	City	Zip Code	
eby accept the appointment as registered agent and agree is ions of all statutes relative to the proper and complete pot the obligations of my position as registered agent as progiled to merely reflect a change in the registered office a pany has been notified in writing of this change.	erformance of my duties, and I are ovided for in Chapter 605, F.S. C	n familiar with and Pr, if this document is	

If Changing Registered Agent, Signature of New Registered Agent

ioved from our records:

= ManagerR = Authorized Member

<u>Name</u>	<u>Address</u>	Type of Action
Goran Dragoslavic	1800 W Broward Blvd	
	Fort Lauderdale, FL 33312	□Remove
		Change
		□ Remove
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		□Remove
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		□Remove
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	nformation, enter change(s) here: (Attach additional sheets, if necessary.)
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ective date is listed, the of the date inserted in	tan the date of filing: (optional)
d specifies a delayed o	effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
December 15	2020
	Signature of a member or authorized representative of a member
Andrew Letourny	zau
	Typed or printed name of signce

Filing Fee: \$25.00