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COVER LETTER

TO:	Registration Se Division of Cor			ا بنجي	
~~		Studios, LLC			
SUBJE	CT:	Name of Lim	uted Liability Company	PR-S	
The end	closed Articles of	Amendment and fee(s) are sub	emitted for filing.		
Please	return all correspo	ondence concerning this matter	to the following:	tel.	
		David J. Knight, Esq.			
			Name of Person		
		13611 South Dixie Highw	Firm/Company av, Suite 410		
				Address	
	Address Miami, FL 33176				
		davidjamesknight@gmail.c	City/State and Zip Code om	· ·	
		E-mail address [*] (to be used for future annual report notif	ication)	
For furt	her information c	oncerning this matter, please ca	all:		
David.	J. Knight		305 707-4704 at ()		
•	Name o	f Person		Telephone Number	
Enclose	ed is a check for th	ne following amount:			
■ \$25	i.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)	
	Registr Divisio P.O. Bo	ING ADDRESS: ration Section on of Corporations ox 6327 ussee, FL 32314	STREET/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Ce	n ations	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Faunhaus Studios, LLC

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

This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: CodeCounsel LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: NIA Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida City 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>	Address	Type of Action
N/A			
			Remove
			□ Change
			Add
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	N/A	
ctive date, if other than t		(optional)
effective date is listed, the date n	ust be specific and cannot be prior to date of filin	ng or more than 90 days after filing.) Pursuant to 605.0
iment's effective date on the	Department of State's records.	y filing requirements, this date will not be listed
ecord specifies a delay	ed effective date, but not an effect	tive time, at 12:01 a.m. on the earlier
ne 90th day after the re	cord is filed.	
April 4	2019	·
rd	·	
	Signature of a member or authorized represen	ntative of a member

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Filing Fee: \$25.00