L14000130392

(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
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COVER LETTER

TO: Registration S Division of Co			
SUBJECT: Stud	io Trendsy		
SUBJECT:		ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Celia Gutier	rez	
		Name of Person	
	Studio Trend	dsy	
		Firm/Company	
	13876 sw 56	6th st ste151	
		Address	
	Miami, FL 3	3175	
		City/State and Zip Code	
	info@studiotrend	Sy.COM to be used for future annual report notif	(insting)
For further information	concerning this matter, please co	·	ileation)
Celia Gutie	errez	_a ,786,266-3	569
Name	of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for	the 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 Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 9, 2014

CELIA GUTIERREZ 13876 SW 56TH STREET SUITE 151 MIAMI, FL 33175

SUBJECT: STUDIO TRENDSY LLC

Ref. Number: L14000130392

We have received your document for STUDIO TRENDSY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

List Celia Gutierrez on page 2 of the Amendment form.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan Regulatory Specialist II

Letter Number: 614A00019204

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2014 OCT -9 PM 2: 33.

SECRETARY OF STATE TALLAMASSEE, FLORIDA

Studio Trendsy LLC		
(Name of the Limited Liab (A Flor	ility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on August 20, 2014	and assigned
Florida document number <u>L14000130392</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and end with the words "l	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 ADD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		77
B. If amending the registered agent and/or reg	istered office address on our records, en	ter the name of the new
registered agent and/or the new registered office ad	dress here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Zip Code
N	City	zip Coae

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 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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Alix Cristina Gutierrez	13876 sw 56th st	■ Add
		Miami, FL 33175	Remove
<u>16</u> P	celia Gutierrez	13870 SW 565t	E Add
	•	Miami, FL 3315	□ Remove
			□ Add
			Add
			Remove
			☐ Remove
			□ Add
			Remove

	er change(s) here: (Attach additional sheets, if necessary.
For the Cella Gutlerrez there	e is no title. The title for Celia Gutierrez is Own
•	
	, Admin
TOP () 1 10 4 4 4 4 4 4	City (antiqual)
Effective date, if other than the date of fi	filing: (optional) to date of receipt or filed date and cannot be more than 90 days after
the date this document is filed by the Florida Depar	rtment of State)
Dated August 27	2014
Dated / tagast 27	
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	of a member of suthorized representative of a member
Celia Gutierrez	of a member of suthorized representative of a member

Page 3 of 3

Filing Fee: \$25.00

