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JA-1/20/21

## **COVER LETTER**

	Registration Se Division of Cor					
		AT STUDIO LLC	•			
SUBJEC			Seal I Saldine Company			
		Name of Lim	ited Liability Company			
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please ret	turn all correspo	ondence concerning this matter	to the following:			
		CALRIE MARSH				
			Name of Person	<del></del>		
		CALRIE MARSH, P.A.				
			Firm/Company			
		701 BRICKELL AVENUE	E, SUITE 1550			
			Address			
		MIAMI, FL 33131				
			City/State and Zip Code			
		C.MARSH@CALRIEMAR				
		E-mail address: (	to be used for future annual report no	otification)		
For further	er information o	concerning this matter, please co	all:			
CALRIE	MARSH		305 728-5319			
	Name o	f Person		me Telephone Number		
Enclosed	is a check for the	he following amount:				
		☐ \$30.00 Filing Fee &		□ \$60.00 Filing Fee.		
		Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing Addres		Street Address:			
	Registration : Division of C		Registration Section Division of Corporations			
	P.O. Box 632	•	The Centre of	•		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ONE GREAT STUDIO LLC		
(Name of the Limited Liability Compa) (A Florida Limited L	ny as it now appears on our records liability Company)	D.
The Articles of Organization for this Limited Liability Company  Florida document number	were filed on 11/19/2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADDRESS)		20 P
		- 6
		-7
Enter new mailing address, if applicable:		>= ()
Mailing address MAY BE A POST OFFICE BOX)		3 7
		0
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	ddress on our records, <u>enter</u>	the name of the new registe
Name of New Registered Agent:	<del></del>	
New Registered Office Address:		
	Enter Florida street address	i
	<del></del>	orida
	City	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 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>	Name	<u>Address</u>	Type of Action
MGR	DJUVANE BROWNE	123 SE 3rd Avenue Suite #468	□Add
		Miami, FL 33131	■Remove
		<del></del>	□Change
MGR	RACHEL BROWNE	123 SE 3rd Avenue Suite #468	
		Miami, FL 33131	■Remove
			☐Change
MGR	GINA M. DELISSER	123 SE 3rd Avenue Suite #468	□Add
		Miami, FL 33131	■Remove
MGR	ONE GREAT STUDIO CO LTD	32 Lady Musgrave Road	■Add
		Suite #3	Remove
		Kingston 5, Jamaica	□Change
			□Add
			□Remove
			□Change
			□Add
			🗀 Rетюче
			□Change

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Effective date, if other than the d	Ja late of filing:	nuary 1, 2020		(optional)	
Effective date, if other than the d if an effective date is listed, the date must b Note: If the date inserted in this bloom	be specific and cann	ot be prior to date of ti	ling or more than 90 ory filing require:	) days after tiling.) Pu ments, this date wil	rsuant to 605.0207 (3)(t I not be listed as the
Note: If the date inserted in this blok document's effective date on the Dep	partment of State	s records.			
e record specifies a delayed effective rd is filed	date, but not an e	ffective time, at 12:	01 a.m. on the ea	rtier of: (b) The A	nn day aner the
October 20	20	)20	0.0	Λ	
Dated	· _		- KH	Mino	G.Du
	7	per or authorized repre	seniative of a men		

Filing Fee: \$25.00