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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	(#)
	WAIT	·
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
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Special Instructions to	Filing Officer:	
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02/08/15--01022--002 **25.00

COVER LETTER

Div	ision of Corp	orations		
SUBJECT:	StudioPlu	sTSP LLC		
Sebuter.		Name of Limi	ted Liability Company	
The englaces	k Amilaa a C A	mendment and fee(s) are sub	united for films	
The enclosed	Afficies of A	mendment and ree(s) are sub-	milled for filing.	
Please return	all correspon	dence concerning this matter (to the following:	
		Mike Lendino		
			Name of Person	
·		StudioPlusTSP LLC		
•			Firm/Company	
		12730 New Brittany	Blvd STE 606	
		•	Address	
		Fort Myers FL 33907	7	
		MikeL@studioplusard	City/State and Zip Code	
		-	to be used for future annual report notifi	cation)
For further in	nformation co	ncerning this matter, please ca	all:	
Mike Len	dino		239 271-0355	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	a check for the	e following amount:		
■ \$25.00 F	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:

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

StudioPlusTSP, LLC		
(<u>Name of the Limited Liabili</u> (A Florid	ity Company as it now appears on our a Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability C		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and end with the words "Li	imited Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u>.</u>
(Principal office address MUST BE A STREET ADDI	RESS)	SE SE
		AR JAN
		ARE AND
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		STATE OF STA
B. If amending the registered agent and/or registered agent and/or the new registered office add		A
Name of New Registered Agent:		
New Registered Office Address:		
<u>-</u>	Enter Florida stree	1 address
		, Florida
	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 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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Antonio Amadeo	1406 Swann Ave	□ Add
		Tampa FL 33606	Remove
AMBR	Thomas Glaysher	1406 Swann Ave	■ Add
		Tampa F ^L 33606	□ Remove
			Add 15 Remove Remove Remove Remove
			Add Remove
			Add □ Remove

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ective date, if other than the effective date must be specific, can date this document is filed by the	e date of filing:(option not be prior to date of receipt or filed date and cannot be more than 90 days af lorida Department of State)	nal) ter
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date this document is filed by the	lorida Department of State)	nal) ter
date this document is filed by the	lorida Department of State)	nal) ter

Page 3 of 3

Filing Fee: \$25.00