*L15000028230

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2015 JUL -2 AMII: II

K.SALY EXAMINER JUL -7 2015

COVER LETTER

	gistration Sectivision of Corpor				
SUBJECT:	Paper Elephan	t Studio, LLC			
SUBJECT:		Name of Limit	ed Liability Company		
The enclose	d Articles of An	nendment and fee(s) are subn	nitted for filing.		
Please retun	ı ali corresponde	ence concerning this matter t	o the following:		
		Kaycee Morin			
			Name of Person		
		Paper Elephant Studio, LLC			
		- · · · · · · · · · · · · · · · · · · ·	Firm/Company	 	
		3905 N Ola Ave			
			Address		
		Tampa, FL 33603			
			City/State and Zip Code		
		acct@paperelephantstudio.co			
		·	be used for future annual re	port notification)	
For further i	nformation cond	cerning this matter, please ca	II :		
Jennifer No	lan		813 758- at ()	-7440	
	Name of Pe	erson	Area Code	Daytime Telepho	ne Number
Enclosed is	a check for the f	following amount:			
\$25.001	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

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



Paper Elephant Studio, LLC (Name of the Limited Liability Company as it now appears on our records
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on February 9, 2015 and assigned Florida document number L15000028230 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 3905 N Ola Ave Enter new principal offices address, if applicable: Tampa, FL 33603 (Principal office address MUST BE A STREET ADDRESS) 3905 N Ola Ave Enter new mailing address, if applicable: Tampa, FL 33603 (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: 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>	<u>Address</u>	Type of Action
AMBR	JENNIFER NOLAN	504 Jayne Place	Add
		Lutz, FL 33549	Remove
			Change
			Add
			Remove
			□ Add
			Remove Change.
			Add
			□ Remove
			Change
······································			Add
			□ Remove
		*************************************	Change
			Add
			☐ Remove
			☐ Change

(see above Page 2 of 3).		
		128
		
		7.3. 2
 		
		
ote: If the date inserted in this	nust be specific and cannot be prior to date of	(optional) filing or more than 90 days after filing.) Pursuant to 605.0207 atory filing requirements, this date will not be listed as
record specifies a delay The 90th day after the r		fective time, at 12:01 a.m. on the earlier o
June 24	, 2015	
	Signature of a member or authorized repr	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00