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SECRETARY OF STATE FLORIDA

DIVISION OF CORPURATION
15 JUN - 1 PM 3: 59

JUN 0 2 2015

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## COVER LETTER

TO: Registration Se Division of Cor			•		
SUBJECT:	The Cakine Name of Lim	try Studia, LLC ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Lori	Manu It-sa Name of Person			
	The (a)	Einstry Studio LL	<u>C</u>		
	11210 Ph	Mips Industrial B	IUD €, Ste	13	
	Jackson	City/State and Zip Code			
	E-mail address: (	to be used for future annual report notific	cation)		
For further information c	oncerning this matter, please ca	all:			
Loci Name o	May Itan	at ( <u>904</u> ) <u>880 - S.</u> Area Code Daytime	500 × 30 Telephone Number	<u>v8</u>	
Enclosed is a check for the	ne following amount:				
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	c of Status & Copy Copy Copy Copy Copy Copy Copy Copy Copy	SECRETO DIVISION O
Registı Divisic P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	tions ter Circle	-1 PH 3:59  [ARY OF STATE ASSEE FLORIDA	FILED F CORPORATION

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

(Name of the Limited L	iability Company a lorida Limited Liab	is it now appears on	our records.)		_	
The Articles of Organization for this Limited Liabilification for the Limited Liabilification of the Linds of		re filed on	4/23/1	<u><b>S</b></u> and	assigne	ed
This amendment is submitted to amend the following	ng:					
A. If amending name, enter the new name of the	limited liability	y company here:				
The new name must be distinguishable and contain the words  Enter new principal offices address, if applicable  (Principal office address MUST BE A STREET A	: _	Company." the desig	nation "LLC" or the	abbreviation	"LL.C."	SECRI
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO)				HETHRY OF STATE AHASSEE. FLORIDA	N ~ PH 3: 59	FILEU STATE
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address here:	e address on ou	ır records, <u>ente</u>	r the nan	ne of t	he new
Name of New Registered Agent:			· <del></del>			
New Registered Office Address:		Enter Florida	street address		<u>,</u>	
_			, Florida _			
New Registered Agent's Signature, if changing Regis	stered Agent:	City		Zip Co	ode	

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

<u>Title</u> Se <i>cretur</i> y	Name Lori Maultan	Address  112 to Philips T. L. Address Olyd	Type of Action
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Note: If documen	date, if other than the date of filing:  de date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing the date inserted in this block does not meet the applicable statutory filing requirements, this date is effective date on the Department of State's records.  despecifies a delayed effective date, but not an effective time, at 12:01 a.m.	.) Pursuar will not	be list	ed as
The 9	th day after the record is filed.	Z.0		NVICE S
Dated	May 27th 2013	SECRETARY	JUN-I	SION OF C
	Signature of a member or authorized representative of a member  Michael Schoon Feld	OF STA	PH 4:	ORPORA

Page 3 of 3

Filing Fee: \$25.00