

L16000024110

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

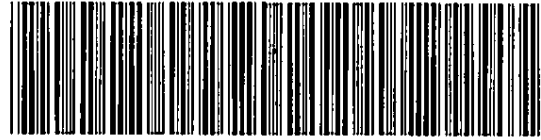
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/24/20 -01002--004 **35.00

RECEIVED

JUL 20 2020

DEPARTMENT OF REVENUE
DIVISION OF CORPORATIONS
211 N. 11th Street, Raleigh, NC 27601

2020 OCT -7 AM 11:51

FILED

OCT 19 2020

S. YOUNG



2020 AUG 31 11:04
FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 31, 2020

EDITH SALGADO-GARCIA
6032 LACE WOOD CIRCLE
LAKE WORTH, FL 33462

SUBJECT: LINA FOX & CO.,LLC
Ref. Number: L16000024110

We have received your document for LINA FOX & CO.,LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

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) 245-6050.

Shelia S Young
Regulatory Specialist II

Letter Number: 420A00016680

COVER LETTER

TO: Registration Section
Division of Corporations

Lina Fox & CO, LLC

SUBJECT: ~~XXXXXXXXXXXXXXXXXXXX~~
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Edith Salgado Garcia
Name of Person

Lina Fox & Co., LLC
Firm/Company

6032 Lacewood Circle
Address

Lake Worth, FL 33462
City/State and Zip Code

e.fox324@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Edith Salgado Garcia at (561) 410-9684
Name of Person Area Code Daytime 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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Lina Fox & CO., LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2020 OCT -7 AM 11:51
CLERK OF THE
COURT
STATE OF FLORIDA
TALLAHASSEE

The Articles of Organization for this Limited Liability Company were filed on Feb 04, 2006 and assigned
Florida document number L16000024110

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

STUDIO 24 LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

6032 Lacc Wood Cir
Lake Worth, FL
33462

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

6032 Lacc Wood Cir
Lake Worth, FL
33462

(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: n/a

New Registered Office Address: n/a

Enter Florida street address

n/a Florida n/a
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.

n/a
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>	<u>Type of Action</u>
	n/a		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	n/a		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	n/a		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	n/a		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	n/a		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

n/a

Lined area for amending information, currently empty.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 10/2/10

Signature of a member or authorized representative of a member

Edith Saugado - Garcia

Typed or printed name of signee