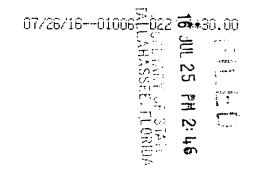
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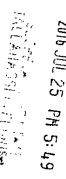
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO:

Registration Section
Division of Corporations

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

A & B HA SUBJECT:	IR STUDIOS, LLC					
·		ited Liability Company				
	Amendment and fee(s) are sub	-				
Please return all correspo	ondence concerning this matter	to the following:				
	CHRISTIAN W. WAUGH	ſ				
		Name of Person				
	WAUGH LAW P.A.					
		Firm/Company				
	13940 US HWY. 441, STE	13940 US HWY. 441, STE. 906				
	- w	Address				
	THE VILLAGES, FL. 321	59				
		City/State and Zip Code				
	CWAUGH@WAUGHPA.C	JOM to be used for future annual report notil	lication)			
For further information of	concerning this matter, please co	all:				
RANUKA WOOD		352 750-0325	•			
Name o	f Person	Area Code Daytime	e Telephone Number			
Enclosed is a check for t	he 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)			
	ING ADDRESS:	STREET/COURI Registration Sectio				

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassec, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A & B STUDIOS, 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 MARCH 10, 2016 and assigned Florida document number L16000052504 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." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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

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.

City

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
MGR	BROOK MCKELVY	8469 NE 44TH DR, WILDWOOD,	☐ Add
•			Remove
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an effec lote: If	tive date is liste f the date inse	d, the date must be	specific and does not m	cannot be prior neet the applica		or more than 90 days Iling requirement	after filing.) I	ursuant t	
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		Sig	nature of a r	nember or autho	rizea representa	tive of a member			

Page 3 of 3

Filing Fee: \$25.00