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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : GILMAN CIOCIA INC.

Account Number : I20120000051

: (305)937-7773 : (815)301-2897

Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

B

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN STUDIO 42 LLC

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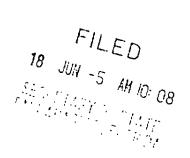
Corporate Filing Menu

Help

K SALY

JUN 6 2018

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



STUDIO 42 LLC		
(Name of the Limited Liability Compa IA Florida Limited	try as It now appears on our Liability Company)	records.)
The Articles of Organization for this Limited Liability Company	were filed on 04/12/2016	and assigned
Florida document number <u>L 16 0000 7 2 2 42</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be disringuishable and contain the words "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	12801 WEST SUNRISE	BLVD, #965
(Principal office address MUST BE A STREET ADDRESS)	SUNRISE, FL 33323	
Enter new mailing address, if applicable:	<del></del> _	
Mailing address MAY BE A POST OFFICE BOX		
	<del></del>	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		cords, enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	oddress
•		, Florida
**************************************	Cip	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 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 Type of Action Title <u>Address</u> Name 1/A □ Add ☐ Remove \_□ Change □ Add Remove ☐ Change □ Adã : □ Remove \_\_ Change \_□ Add □ Remove ☐ Change bbA 🗖 \_□ Remove \_Change □ Add \_ Remove

\_\_\_\_ Change

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Effective date, if other than the	e date of filing:  St be specific and cannot be prior to date of filing or more than lock does not meet the applicable statutory filing requirement of State's records.	(optional) 190 days after filing.) Pursuant to 605 0207 proments, this date will not be listed as t
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ocument's effective date on the D e record specifies a delayer	d effective date, but not an effective time, ord is filed.	at 12:01 a.m. on the earlier of: