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I. HARRIS

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Flat Studios LLC  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:
Marielys Torres  Name of Person
Firm/Company
10733 Cleary Blvd Apt 112
Plantation FL 33324 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (786) 702 7344  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee  Same Same Same Same Same Same Same Same

### **MAILING ADDRESS:**

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

Flat Stucios LLC (Name of the Limited Liability Compar (A Florida Limited L	ıy as it now appears on our records.)	······································
The Articles of Organization for this Limited Liability Company	were filed on8/8/16	and assigned
Florida document number <u>UWOO147665</u> .		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liabi</u>	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" o	r the abbreviation "L.L.C."
_		De s
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		21 Tu Et 1
		경취 <u>(6</u> 전 전리 P 전체
		n 1 2 2
Enter new mailing address, if applicable:		O = 1
Mailing address MAY BE A POST OFFICE BOX)		5m 6
3. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		enter the name of the r
Name of New Registered Agent:	_	
New Registered Office Address:		
	Enter Florida street address	
	, Flori	da
	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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR =	Manager
AMRD -	Authorized Membe

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Jose Torres.	Res. Los Foroles, Calle 2	🗆 Add
		Casa 45 San Dego, CA 20	O6_■ Remove
		Venezuela.	Change
MGR	Daniela Torres	6527 Catalina LN	Add
		Tamarac, FL 33321	Remove
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			L	d representative	-7		SIATE TORIDA		1.000

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Filing Fee: \$25.00