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(Re	equestor's Name)
(Ac	idress)
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PICK-UP	
(Bi	usiness Entity Name)
(D	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	• Filing Officer:
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Office Use Only

COVER LETTER

TO: **Registration Section Division of Corporations** SUBJECT: 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:

Name гт/Сотрал Address City/State and Zip/Code 9) α 0 E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person Daytime Telephone Number Area Code

Enclosed is a check for the following amount:

Q' \$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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENI	MENT					
TO						
ARTICLES OF ORGANIZATION						
OF						
Be La Vie Studios (Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.)					
(A FIORICA LIMITED LIADIIITY COM	aliny)					
The Articles of Organization for this Limited Liability Company were filed Florida document number	on and assigned					
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liability compared	any here:					
The new name must be distinguishable and contain the words "Limited Liability Company	" the designation "LLC" or the abbreviation "LLC"					
Enter new principal offices address, if applicable:						
(Principal office address MUST BE A STREET ADDRESS)						
	SS 27					
Enter new mailing address, if applicable:	 (∩c.≥±					
(Mailing address MAY BE A POST OFFICE BOX)						
B. If amending the registered agent and/or registered office addre	ess on our records, enter the name of the r					

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

Name of New Registered Agent:	Betsin Dienin	ste-
New Registered Office Address:	1730-5 Fed Hw	14 #345
	De Vay Plach F	ss) Iorida 33483
Deside and America Structure is shown in	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 Page 1 of 3

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

Title Name Type of Action Address J.Fec 中心にも Add □ Remove Change MGR Barbara Chemy 🗆 Add Remove Change 🗆 Add Remove Change Remove Change 🗆 Add C Remove Change Add C Remove D Change

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ffective date, if other than the dat an effective date is listed, the date must be		date of filing or more than 90 da	(optional) iys after filing.) Pursuant	to 605.020
<u>lote:</u> If the date inserted in this block ocument's effective date on the Depar	does not meet the applicabl			
ocument s'encouve date on me Depar	unent of state 5 fecords.			
		n effective time, at 12		

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Dated $\underline{1}$ 1114 $\Delta \underline{V}$ 1. ¥ Signature of a member or authorized representative of a member 1 i ρ 1 or printed name of signee Typed

Page 3 of 3

Filing Fee: \$25.00