# 116000188667

•		
(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
<b>\-</b>		•
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	me)
(5)		
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
1		3

Office Use Only



100292145571

11/14/16--01023--020 \*\*25.00

FILED
2018 NOV IN P 3 11
SECRETARY OF STATE

D. BRUCE NOV 15 2016

## **COVER LETTER**

TO: Registration S Division of Co	ection , rporations	•;
SUBJECT:	Halypso Studios Name of Limited Liability Company	L.L.C.
The enclosed Articles of	Amendment and fee(s) are submitted for filing.	
Please return all correspondence	ondence concerning this matter to the following:	
	Rentile Disrid-	bris
	Kalypso Studio	03 L.L.C.
	217 Olivia St Address	
	Key West, Florida City/State and Zip Cook	33040 gmait: com
	E-mail address: (to be used for future annu	
Rennie	Soncerning this matter, please call:  Strud - Joris at (305) Area Code	731-333 CERT D D Daytime Telephone Numbers
Enclosed is a check for t	he following amount:	ي پي ال
\$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fe Certificate of Status □ \$55.00 Filing Fe Certified Copy (additional copy is	Certificate of Status &

### **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

K	JUPSO (	Stydios L.L.C.
(Name of the Limi	(A Florida Limited	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited I Florida document number <u>L 16000188</u>		were filed on
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liab	ility company here:
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli-	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		<del></del>
(Mailing address MAY BE A POST OFFICE	BOX)	
B. If amending the registered agent and registered agent and/or the new registered of	or registered of	ffice address on our records, <u>enter the name of the new</u> <u>e</u> :
Name of New Registered Agent:		
New Registered Office Address:		<b>20</b> 1 Tall
		Enter Florida street address
		Florada
New Registered Agent's Signature, if changing	Registered Agent:	City Zip Code'
provisions of all statutes relative to the propaccept the obligations of my position as reg	er and complete istered agent as <sub>l</sub> registered office	ee to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is address, I hereby confirm that the limited liability

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 **Title** <u>Name</u> **Address Type of Action** Thomas T. TORIS □ Change Carrie Tamo Disrud Joris 217 Olivia St. DAD ☐ Change ☐ Add □ Remove ☐ Change □ Add Remove ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

•	ag any out	, into mado	ii, ciitei ei	iange(s) ii	ere: (Attach	uddiiiOiidi S	riceis, ij rie	cessur y.	,	
		·								
	•	,	<del></del>		<u>-</u>	<u>.                                    </u>		<del></del>	······································	
						<u> </u>				
							····	···	<del></del>	<del></del>
				<del>· w </del>						
		<del> </del>								
<del></del>							····································	·		
-										
						· · · · · · · · · · · · · · · · · · ·	<u>-</u> -	<del></del>	* <del>************************************</del>	
		<del></del>				<del></del>		A SEC	2016	
-								<u> </u>	VO V	
								TARY ASSE	=	
				//	15 1	,		EFF.	ט	Ш
te: If th	e date is listed, ne date inserte	r than the da the date must be ed in this block te on the Depar	does not m	neet the app	licable statuto	ms or more m	ın 90 days aft	tional) erating.) nisedate v	بب P <u>urs</u> uant t vi <del>ll-n</del> ot be	o 605.020 e listed a
record he 90i	specifies at the state of the s	a delayed el er the record	ffective d I is filed.	ate, but	not an effe	ctive time,	at 12:01	a.m. o	n the e	arlier (
ted	11-10		<del></del> ,	2016	·					
			B	$\rightarrow A$						_
•		Sig	nature of a r	nember or au	thorized repres	entative of a m	ember			_ <del>-</del>
		Rennie	-							

Page 3 of 3

Filing Fee: \$25.00