L16000208819

(Re	equestor's Name)		
(Ad	ldress)		
(Ac	ldress)		
(Ci	ty/State/Zip/Phone	#)	
PICK-UP	WAIT	MAIL	
(Bu	usiness Entity Name	e)	
(Document Number)			
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SECRETARY OF STATES
SECRETARY OF STATES

D. SCOTT NOV 3 0 2016

COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT: On	e track St. Name of Lim	noted Liability Company	
The enclosed Articles of Articles	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
	Lirelle A.	Rosa do Name of Person	·
		Name of Ferson	
		Firm/Company	
	10350 Sh	J. 19845f	
		Address	TAI SE
	Cutter Bas	FL 33/57	Charles and the second
	lizete	City/State and Zip Code	NOV 28 PA
	E-mail address: (to be used for future annual report notific	cation) PAST 22
For further information con	cerning this matter, please c	all:	(A)
Une He Re	shdo	at (646) 752-80	37
Name of r	erson	Area Code Daytime	retephone Number
Enclosed is a check for the	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)

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

one trad	< Studio	o UC	
(Name of the Limit	ed Liability Compar (A Florida Limited L	y as it now appears on our rability Company)	ecords.)
The Articles of Organization for this Limited Li Florida document number LIC 000 20 88/		were filed on	and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	the limited liabi	ity company here:	
The new name must be distinguishable and contain the w		y Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applications		-	
(Principal office address MUST BE A STREE	<u>T ADDRESS)</u>		
			FG Z
Enter new mailing address, if applicable:		•	至 2 7 1 2 2 2
(Mailing address MAY BE A POST OFFICE)	BOX)		SEC 8 E
			TI'S.
			ORID ORID
B. If amending the registered agent and/ registered agent and/or the new registered of	or registered of fice address here	ice address on our re :	cords, enter the mame of the new
	4 11	2 /	
Name of New Registered Agent:	Lizette	A. Rosado	
New Registered Office Address:	10350	SW 1984 Enter Florida street d	1 Street
	Culter	Bay FL	.Florida 33/57
	. 	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 = M $AMBR = A$	anager uthorized Member		
Title	Name	Address	Type of Action
AMBR	Lirefle A. Rosadu	10350 SW 1984 St	🗹 Add
		Culter Bay FL 33/57	□ Remove
			Change
MgR	Linette A. Rosado	10350 SW. 1984 st Cutter Bay FC 33157	Z Add
		Cutter Bay FC 33157	□ Remove
			Change
			Add
			□ Remove
			Change
		Į.	□ Add
	•		28 E
			PS 2
			957 A33
			□ Remove
			Change
	**************************************		Add
		•	Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
TALL SECTION	
	<u> </u>
	Ö
030A	
Effective date, if other than the date of filing:	:07 (3)(b) as the
f the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier α b) The 90th day after the record is filed.	of:
Dated 1/19/14 November, 20/6.	
Signature of a member or authorized representative of a member 1724 Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00