

L170000002430

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(Address)

(Address)

(City/State/Zip/Phone #)

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S. YOUNG

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TREASURY  
FLORIDA  
17 APR -5 PM 12:05



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 6, 2017

CHRIS OH  
CHRIS OH STUDIOS LLC  
11140 S LAKEVIEW DRIVE  
PEMBROKE PINES, FL 33026

SUBJECT: CHRIS OH STUDIOS, LLC  
Ref. Number: L17000002430

We have received your document for CHRIS OH STUDIOS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young  
Regulatory Specialist II

Letter Number: 917A00006642

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STATE  
SECRETARY OF  
TALLAHASSEE, FLORIDA  
17 APR -5 PM 2:05

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2017 APR 18 PM 12:45  
DIV OF CORP  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Chris Oh 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:

Chris Oh  
Name of Person

Chris Oh Studios, LLC  
Firm/Company

11140 S. Lakeview Dr  
Address

Pembroke Pines, FL 33026  
City/State and Zip Code

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chris Oh at (786) 630-4680  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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TALLAHASSEE, FLORIDA  
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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Chris On Studios, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 1/4/2017 and assigned  
Florida document number L 17000002430.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

\_\_\_\_\_, Florida \_\_\_\_\_  
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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u>   | <u>Name</u> | <u>Address</u>           | <u>Type of Action</u>                      |
|----------------|-------------|--------------------------|--|
| MGR            | Chris Oh    | 11140 S. Lakeview Dr     | <input type="checkbox"/> Add               |
|                |             | Pembroke Pines, FL 33026 | <input type="checkbox"/> Remove            |
|                |             |                          | <input checked="" type="checkbox"/> Change |
| AMBR           | Chris Oh    | 11140 S. LAKEVIEW DR     | <input checked="" type="checkbox"/> Add    |
|                |             | Pembroke Pines, FL 33026 | <input type="checkbox"/> Remove            |
|                |             |                          | <input type="checkbox"/> Change            |
| MANG<br>MEMBER | chris Oh    | 11140 S. Lake view       | <input type="checkbox"/> Add               |
|                |             | Pembroke Pines, FL 33026 | <input checked="" type="checkbox"/> Remove |
|                |             |                          | <input type="checkbox"/> Change            |
|                |             |                          | <input type="checkbox"/> Add               |
|                |             |                          | <input type="checkbox"/> Remove            |
|                |             |                          | <input type="checkbox"/> Change            |
|                |             |                          | <input type="checkbox"/> Add               |
|                |             |                          | <input type="checkbox"/> Remove            |
|                |             |                          | <input type="checkbox"/> Change            |

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TALLAHASSEE, FLORIDA

**D. If amending any other information, enter change(s) here:** (Attach additional sheets, if necessary.)

Please add myself, Chris Oh, as A MBR  
and remove from records myself as MGR and  
Managing member so that the only registered  
person is myself Chris Oh as Authorized  
Member.

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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

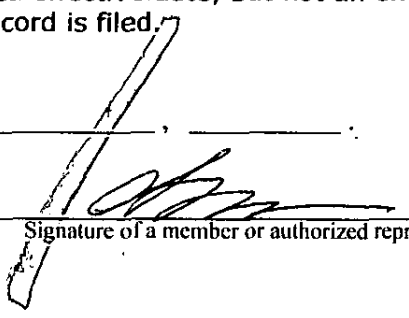
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated \_\_\_\_\_, \_\_\_\_\_:

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

\_\_\_\_\_  
Typed or printed name of signee