## 117000065467

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## **COVER LETTER**

UBJECT:	Studio 472	26, LLC	
he enclosed Articles of a	Amendment and fee(s) are subt	nitted for filing.	
lease return all correspor	ndence concerning this matter t	o the following:	
URIFECT: Studio 4726, LLC  Name of Limited Liability Company  he enclosed Articles of Amendment and feets) are submitted for filing.  lease return all correspondence concerning this matter to the following:    Lan			
	· · · · · · · · · · · · · · · · · · ·	Name of Person	
	Still	10 4726, LLC	
	472	4 SW 75 Aver,	rue/
		Address	
	MIA	mi FL 33155	
		City/State and Zip Code	25-11/64
	E-mail address: (1	o be used for infure annual report notific	ation)
	•		
Jean B	acknell Font	at ( <i>30</i> 5_)890 ~	9627
Name of	f Person	Area Code Daytime T	Telephone Number
pelosed is a check for th	ne following amount:		
\$25,00 Filing Fee	<del>-</del>	Certified Copy	Certificate of Status &

MAILING ADDRESS:

Registration Section

**Division of Corporations** 

ľO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

Studio 4726,	LL C	
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our rec liability Company)	ords.)
orida document number <u>L1700065461</u> .	were filed on <u>March</u>	22,2617 and assigned
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liabi	lity company here:	
Font Squared, L he new name must be distinguishable and contain the words "Limited Liability	·LC	
e new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "I	.LC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	N/A	<u> </u>
Principal office address MUST BE A STREET ADDRESS)		Sign
	<del></del>	9 = 1
nter new mailing address, if applicable:	N/A	# 1 ED 17 AUG 1 PH 2: 33 31,11510H OF CONFORMATION
Mailing address MAY BE A POST OFFICE BOX)		
If amending the registered agent and/or registered of gistered agent and/or the new registered office address here  Name of New Registered Agent:		rds, enter the name of the new
New Registered Office Address:		
	Enter Florida street ada	tress
		Florida
<del></del>	City	Zip Code

ew Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and except the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is sing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability ompany has been notified in writing of this change.

N/A

If Changing Registered Agent, Signature of New Registered Agent

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added r removed from our records:

IGR = Manager MBR = Authorized Member

<u>itle</u>	<u>Name</u>	<u>Address</u>	Type of Action
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<u>ote:</u> If	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list's effective date on the Department of State's records.	sted as t
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear Oth day after the record is filed.	lier of:
THE 3	· ~	
ated _	August 6 2017	
	Signature of a member or authorized representative of a member	
	Jean Blackwell Font	
	JEAN 10. ACIN VCII TOUT	

Page 3 of 3

Filing Fee: \$25.00