

L17000159649

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: THE COMMUNICATION STUDIO 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:

CLAUDIA DURAN

Name of Person

Firm/Company

601 NE 23RD ST #1703

Address

MIAMI FL 33137

City/State and Zip Code

CLAUDIA@COMMSTUDIO LLC.COM

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

For further information concerning this matter, please call:

CLAUDIA DURAN

Name of Person

at (786)

Area Code

374-1860

Daytime Telephone 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

THE COMMUNICATION STUDIO

(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 07/26/2017 and assigned Florida document number L17000159649.

This amendment is submitted to amend the following:

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

THE COMMUNICATION STUDIO LLC

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:

601 NE 23RD ST #1703

(Principal office address MUST BE A STREET ADDRESS)

MIAMI FL 33137

Enter new mailing address, if applicable:

601 NE 23RD ST #1703

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI FL 33137

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:

A.C. MCCOWAN CPA P. L. L. C

New Registered Office Address:

1688 MERIDIAN AVE STE 615

Enter Florida street address

MIAMI BEACH

Florida

33139

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.

Ann McCowan
If Changing Registered Agent, Signature of New Registered Agent

Title	Name	Address	Type of Action
AMBR	CLAUDIA DURAN	601 NE 23RD ST 1703	☐ Add
		MIAMI FL 33137	☐ Remove
			☒ Change
			☐ Add
	.		☐ Remove
			☐ Change
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			☐ Remove
			☐ Change

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(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)

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.

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00