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## **COVER LETTER**

tion porations		
IO, LLC		
Name of Lin	nited Liability Company	
mendment and fee(s) are sub	omitted for filing.	
dence concerning this matter	to the following:	
RUDOLF UHLEMÄNN		
	Name of Person	
ULU STUDIO, LLC		
	Firm/Company	
1621 BAY RD, APT 603		
	Address	
MIAMI BEACH, FL 3313	39	
	City/State and Zip Code	
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following amount:		
S30.00 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)
on Section of Corporations 6327	Registration Sect Division of Corp Clifton Building 2661 Executive C	orations Center Circle
	Name of Lin  Name	Name of Limited Liability Company  IO, LLC  Name of Limited Liability Company  Internal and fee(s) are submitted for filing.  RUDOLF UHLEMANN  Name of Person  ULU STUDIO, LLC  Firm/Company  1621 BAY RD, APT 603  Address  MIAMI BEACH, FL 33139  City/State and Zip Code  RUDOLF.UHL@GMAIL.COM  E-mail address: (to be used for future annual report not accerning this matter, please call:  Person  Area Code  Tolowing amount:  S30.00 Filing Fee & Certified Copy (additional copy is enclosed)  G ADDRESS:  On Section  of Corporations  6327  Graph Street //COUR Registration Seet Division of Corporations  G Corporations  G ADDRESS:  On Section  Of Corporations  Of Corporations

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ULU STUDIO, LLC	
(Name of the Limited Liability (A Florida I	Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co	empany were filed on SEPTEMBER 01, 2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ed liability company here:
The new name must be distinguishable and contain the words "Limite"	ed 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 ADDRE	<u> </u>
Enter new mailing address, if applicable:	1621 BAY RD
(Mailing address MAY BE A POST OFFICE BOX)	#603
	MIAMI BEACH, FL. US 33139
B. If amending the registered agent and/or registered agent and/or the new registered office address Name of New Registered Agent:	ered office address on our records, enter the name of the ne ess here:
	SE 2 man
New Registered Office Address:	Enter Florida street address
	Florida 🗂 🔾 🔒 🚉
New Registered Agent's Signature, if changing Registered	City
	nd agree to act in this capacity. I further agree to comply with the

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 **Type of Action** <u>Name</u> <u>Address</u> Title MGR **RYAN SHEDD** 1621 BAY RD, APT 603 □ Add MIAMI BEACH, FL 33139 ■ Remove ☐ Change \_□ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change  $\square$  Add □ Remove ☐ Change \_□ Add \_□ Remove ☐ Change □ Add

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If the date inserted in this block of ment's effective date on the Depart	loes not meet the applicable statutory filment of State's records.  ective date, but not an effective	more than 90 days after filing.) Pursuant to 605.0 ing requirements, this date will not be listed to the state will not be stated to the state will not be stated to the state will not be stated to the state
d SEPTEMBER 16	2017	
Sign	ature of a member or authorized representati	ve of a member
RUDOLF UHLEMANN		

Page 3 of 3

Filing Fee: \$25.00