## L17000196927

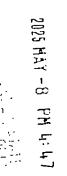
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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MM 7/8/25

## COVER LETTER

TO: Registrati	on Section f Corporations			
SUBJECT:	Name of	Studias, LLC Limited Liability Company		
The enclosed Article	s of Amendment and fee(s) are	submitted for filing.		
Please return all corr	espondence concerning this ma	tter to the following:		
	Zachar	Name of Person		
			<del></del>	
		Firm/Company		
		4th St Suite 300 Address		20
	St. Pet	City/State and Zip Code	٧	2025 HAY -8
for forther in	E-mail address:	(to be used for future annual report not	on	
	concerning this matter, please		dication)	LH:11 H4
Name	of Person	at (2/2) 837-8 Area Code Daytime	Po >2 e Telephone Number	
	the following amount:			
□ \$25.00 Filing Fec	☑ \$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 S	Section	Street Address:		
Division of C P.O. Box 632 Tallahassee, F	orporations 7	Registration Sect Division of Corp The Centre of Ta	orations Hahassee	
		2415 N. Monroe	Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u> </u>	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) pany)
The Articles of Organization for this Limited Liability Company were filed	on <u>09/22/20/7</u> and assigned
Florida document number <u>L17000196927</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	nny here:
IVANHOE ART CO., L	<u></u>
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)	25
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	``` <del>-</del> 0
Enter new mailing address, if applicable:	<u>1 IK</u>
(Mailing address MAY BE A POST OFFICE BOX)	
	<u> </u>
B. If amending the registered agent and/or registered office address on agent and/or the new registered office address here:	our records, enter the name of the new registered
Name of New Registered Agent:	· · ·
New Registered Office Address:	
En	ter Florida street address
	, Florida
City	Zip Cocle

## 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 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>	Address	Type of Action
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			□Remove
			Change
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Tective date, if other than to the effective date is listed, the date of the date inserted in this current's effective date on the	must be specific an s block does not	nd cannot be prior to meet the applical			er filing.) Purst		
cord specifies a delayed effect	ctive date, but no	ot an effective tin	ne, at 12:01 a.m. o	n the earlier of: (			
							55
s filed.	<i>+</i>	, 2025	<u>.</u> ·			٠	HAY
ted May 25	†	, 2025				77. 77. 77. 77. 77.	MAY -8