## LIECCOCE 915

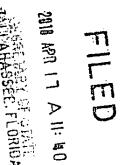
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## **COVER LETTER**

Division of Corporations
SUBJECT: MACTOR INV Stodios UL. C  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:
JOBEPH OMINU  Name of Person  MAJOK THE STUDIO'S LILL  Firm/Company
8721 Son 27th Street Address
DAVIE FLORIDA 33328  City/State and Zip Code  MIKANAR Anthon ( O UANOV COM ) JOSE ph Olymino Home Manual report notification)
For further information concerning this matter, please call: 454-776-6256
Joseph Olning Anthony Pascakiclo at 954 789-1486  Name of Person Name Code Daytime Telephone Number 3
Enclosed is a check for the following amount:    \$25.00 Filing Fee & Certificate of Status

**MAILING ADDRESS:** 

TO:

**Registration Section** 

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAJOR INK STUDIOS L.L.C.
(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 3/14/18 and assigned  Florida document number #670649 .EN# 12-512267
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)
<del></del>
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: CINDY WARFORD
New Registered Office Address: 9740 DAROLL IN WHATEHOUSE FIRST
MIKAMAK, Florida 32025
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 diability 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

**Title Type of Action** Name **Address** Joseph Dlmino 6721 SW 27th stre MAdd

Steve Olmino Minemove

Change Steve Olmino To Joseph Olmino

Change ■Add Remove Change Add Remove Change ☐Add **!!**Remove Change [∐Cha Remove **U**Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Effect	ive date, if other than the date of filing:(optional).  [Exercise date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Puredant to 6 5.0 07 (
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this 🎉 🚉 will 🎞 the listed as the
uccuii	nent's effective date on the Department of State's records.
the re ) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	4/13/18
	Signature of a member or authorized representative of a member
	Typed or printed name of signee /Anthony Pascakiello

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Filing Fee: \$25.00