

1180000 82805

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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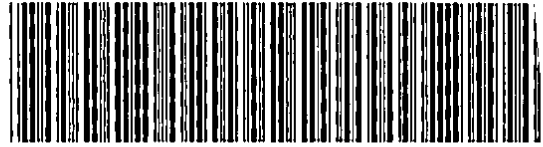
(Business Entity Name)

(Document Number)

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FILED
2019 FEB 25 PM 6:10
CLERK OF COURT
CLASSTON, NJ

C. GOLDEN

FEB 28 2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Duo Studios 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:

Diamond Overstreet

Name of Person

Duo Studios LLC

Firm/Company

532 NW 39th Rd Unit 206

Address

Gainesville
Gainesville, Florida 32607

City/State and Zip Code

DuoStudiosLLC@gmail.com

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

For further information concerning this matter, please call:

Diamond Overstreet

352 575-7725

at ()

Name of Person

Area Code

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

FILE

Duo Studios LLC

2019 FEB 25

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

S. L.
TA

The Articles of Organization for this Limited Liability Company were filed on 04/02/2018 and assigned
Florida document number L18000082805.

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)

532 NW 39th Rd

Unit 206

Gainesville, Florida 32607

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:

New Registered Office Address:

532 NW 39th Rd Unit 206

Enter Florida street address

Gainesville

City

Florida

32607

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.

If Changing Registered Agent, Signature of New Registered Agent

____g Authorized Person(s) authorized to manage, enter the title, name, and address of each person
or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type</u> |
|--------------|----------------------|---|--|
| MGR | Diamond Overstreet | 532 NW 39th Rd Unit 206 Gainesville, Florida 32607 | <input checked="" type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR/AGENT | Diamond Overstreet | 5950 SW 20th Ave Apt 64 Gainesville, Florida 32607 | <input type="checkbox"/> Add |
| | | | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | Dominique Overstreet | 5950 SW 20th Ave Apt 64 Gainesville, Florida 32607 | <input type="checkbox"/> Add |
| | | | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | Dominique Overstreet | 532 NW 39th Rd Unit 206 | <input checked="" type="checkbox"/> Add |
| | | Gainesville, Florida 32607 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated February 14th, 2019

Typed or printed name of signee