118000104297

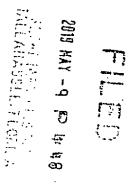
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COVER LETTER

	gistration Sec vision of Corp		**************************************	
SUBJECT:		NE STUIOS, LLC		
SUBJECT		Name of Lim	ted Liability Company	
The enclose	d Articles of A	amendment and fee(s) are sub-	mitted for filing.	
Please return	n all correspon	dence concerning this matter	to the following:	
		MATTHEW OR BRITTA	NY MILLER	
			Name of Person	
			Firm/Company	
		4843 BRUCE B DOWNS	BLVD	
		WESLEY CHAPEL, FL 3	Address 3544	
		AMATAR@METZLERAD	City/State and Zip Code VISORY.COM	
		E-mail address: ()	to be used for future annual report	notification)
For further i	information co	ncerning this matter, please ca	di:	
MATTHEV	V MILLER		813 802-909i	
	Name of	Person	Area Code Day	ytime Telephone Number
Enclosed is	a check for the	e 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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

50000 概整 计适体管

MANOR LANE STUDIOS, LLC

(Name of the Limited Liability Company as it now appears on our noderds 1 - 9 日 世 異兒 (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company Florida document number L18000104297	were filed on APRIL 25, 201	8/AHASSEE Fund assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L	LC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	4843 BRUCE B DOWNS BLVD		
(Principal office address MUST BE A STREET ADDRESS)	WESLEY CHAPEL, FL 33544		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4843 BRUCE B DOWNS E WESLEY CHAPEL, FL 32		
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her Name of New Registered Agent:		rds, enter the name of the new	
New Registered Office Address:			
	Enter Florida street ade	lress	
		Florida	
	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.

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

<u>Title</u>	Name	Address	Type of Action
			Add
			□ Remove
			□ Change
			Add
			☐ Remove
			☐ Change
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<u>iote:</u> If the date in	other than the date of f sted, the date must be specifi serted in this block does t e date on the Department	not meet the applical	o date of filing or more the old statutory filing rec	(optional) nan 90 days after filing.) P puirements, this date wi	ursuant to 605.02 Il not be listed (
e record specifi The 90th day :	ies a delayed effectivater the record is fil	ve date, but not led.	an effective time	, at 12:01 a.m. or	the earlier
		·	_·		
		1	ized representative of a	member	

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Filing Fee: \$25.00