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| (Req | uestor's Name) | |
|---------------------------|------------------|-------------|
| DbA) | ress) | |
| (Add | ress) | |
| (City | /State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bus | iness Entity Nar | me) |
| (Doc | cument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to F | Filing Officer: | |
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Office Use Only



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COVER LETTER

| Division of Corp | orations | | |
|-----------------------------|---|--|---|
| SUBJECT: 34 | The Blade St | udio, LLC | |
|) | Name of Limit | ted Liability Company | |
| | | | |
| The enclosed Articles of A | mendment and fee(s) are subn | nitted for filing. | |
| Please return all correspon | dence concerning this matter t | o the following: | |
| | David J | Pantoj95 Name of Person | |
| | By He B | plade Studio Firm/Company | LLC |
| | 3710 CH | SWICK CIR | |
| | Orlando, david. panto | City/State and Zip Gode Jas a not man be used for future annual report notific | 1. com |
| | E-mail address; (n | be used for future annual report notific | ation) |
| For further information con | ncerning this matter, please ca | II; | |
| David J. Pa | ntajas | ut (407) 680- | 4093 |
| Name of I | Person J | | 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:

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

| By the blade | Studio | , 60 | LC. | | |
|---|--|-------------------------------|---------------------------------------|---------------------|--|
| (Name of the Limited | Liability Company as it Florida Limited Liability | now appears on o Company) | our records.) | | |
| The Articles of Organization for this Limited Liab Florida document number <u>LIBOOO/3 GC</u> | | iled on $\underline{\varphi}$ | 1/2018 | and assign | ed |
| This amendment is submitted to amend the follow | ing: | | | | |
| A. If amending name, enter the new name of the | e limited liability co | mpany here: | | | |
| | | | <u> </u> | | |
| The new name must be distinguishable and contain the word | ls "Limited Liability Com | pany," the designa | ttion "LLC" or the a | ibbreviation "L,L.C | ." |
| Enter new principal offices address, if applicab | le: | | | <u> </u> | <u>-¥</u> |
| (Principal office address MUST BE A STREET | ADDRESS) | . | | ALG. | 200 200 200 200 200 200 200 200 200 200 |
| | | | | မ | DS PO VRY PLI-E |
| Enter new mailing address, if applicable: | | | |]] | RPO |
| (Mailing address MAY BE A POST OFFICE BC | <u></u> | | · · · · · · · · · · · · · · · · · · · | | 22 |
| | | | | ~ | 蒸. |
| B. If amending the registered agent and/or registered agent and/or the new registered office | | idress on our | records, enter | the name of | the new |
| Name of New Registered Agent: | David | J. K | antojas | <u>></u> | |
| New Registered Office Address: | 37 10 | CICS WI Enter Florida sti | ck c | ir | |
| | Otlando | | Florida | 3282 | 9_ |
| | Cit | y | | 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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------------|--------------------------------------|----------------|
| MGR | David J. Pantoias | 3710 Creswick CR OHando, Fl 32829 | |
| | V | OHando, F/ 32829 | ☐ Remove |
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| ctive date, if other than the date of filing: | (optional) |
| effective date is listed, the date must be specific and cannot be prior to date of filing. If the date inserted in this block does not meet the applicable statutory. | ig or more than 90 days after filing.) Pursuant to 605.6 v filing requirements, this date will not be listed |
| ment's effective date on the Department of State's records. | |
| | |
| ecord specifies a delayed effective date, but not an effect | tive time, at 12:01 a.m. on the earlie |
| e 90th day after the record is filed. | |
| 2/1/2018 | |
| d | |
| | |
| | |
| Signature of a member or authorized represer | ntative of a member |

Page 3 of 3

Filing Fee: \$25.00