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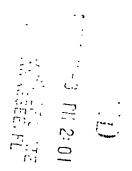
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COVER LETTER

TO:

TO: Registration So Division of Cor			
	FOUR WALLS	S DESIGN & REALTY LLC	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Roudeline Charles Celestin	
		Name of Person	
	FOUR WA	ALLS DESIGN & REALTY LL	.C
		Firm/Company	
	310	64 NW SOUTH RIVER DR	
		Address	
		MIAMI, FL 33142	
		City/State and Zip Code	-
		fo@fourwallsstudios.com	
For further information c	E-mail address: (concerning this matter, please c	to be used for future annual report i all:	notification)
Roudeline Ch	narles Celestin	305 at ()	924-3497
Name o	of Person	Area Code Day	time Telephone Number
Enclosed is a check for t	he 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 9		Street Address: Registration	=
Division of C	Corporations	Division of C	Corporations
P.O. Box 632			f Tallahassee
Tallahassee, l	FL 32314	2415 N. Mon	iroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FOUR WALLS DESIGN	& REALTY LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appear	rs on our records.)	
The Articles of Organization for this Limited Liability Company Florida document numberL18000203344			and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company he	ere:	
FOUR WALLS ST	UDIO LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the d	lesignation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	6941 SW 196th Ave, Unit 21-2 Pembroke Pines, FL 33332		
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6941 SW 196th	Ave, Unit 21-2 Pembrok	re Pines, FL 33332
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our r	ecords, <u>enter the nam</u>	e of the new registere
Name of New Registered Agent:			- .
New Registered Office Address:		··	
	Enter Flor	rida street address Florida	Zip Code !
New Registered Agent's Signature, if changing Registered Agent:		<u>-</u>	Zip Code !
I hereby accept the appointment as registered agent and agro	ee to act in this o	capacity. I further agr	. 1

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, 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>	<u>Address</u>	Type of Action
			□Add
			□ Remove
			□Change
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Effective date, if other than the antifective date is listed, the date in Sote: If the date inserted in this locument's effective date on the	he date of filing: nust be specific and cannot be prior to block does not meet the applical Department of State's records.	o date of filing or more that the statutory filing requ	(optional) in 90 days after filing.) I direments, this date w	Pursuant to 60 ill not be lis)5.02 ited
record specifies a delayed effect is filed.	tive date, but not an effective tim	ne, at 12:01 a.m. on the	earlier of: (b) The	90th day aft	er tl
July 22	. 2024				
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Filing Fee: \$25.00