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## **COVER LETTER**

TO:	Registration So Division of Co			
SUBJEC	Studio Jacc	ome LLC		
SUBJEA	-1:	Name of Lim	ited Liability Company	<del></del>
The encl	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Mario Jacome		
		Studio Jacome LLC	Name of Person	
		•	Firm/Company	
		9709 Pincapple Preserve C	t	
			Address	<del></del>
		Fort Myers, FL 33908		
		hello@mariojacome.com	City/State and Zip Code	· · · · · ·
		E-mail address: ()	to be used for future annual report notif	ication)
For furth	er information c	oncerning this matter, please ca	all:	
Mario Ja	icome		941 9615359 at ( )	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed	l is a check for th	ne 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 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

Studio Jacome LLC			
( <u>Name of the Limited Liahili</u> (A Florid	ty Company as it now appears on our a Limited Liability Company)	records.)	
The Articles of Organization for this Limited Liability C	Company were filed on December	21,2018 and assigned	
Florida document number L18000292766	<u>_</u> .		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company here:		
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDI	RESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or regis	stered office address on our r	ecords, enter the name of the n	onn cfp - 3
registered agent and/or the new registered office add			三 三 三 三 二 二 二 二 二 二 二 二 二 二 二 二 二 二 二 二
Name of New Registered Agent:			- 3 1
New Registered Office Address:			
	Enter Florida street	address	
	Cim	, Florida Zip Code	
	City	гар Сіме	

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\_being added</u> <u>or removed from our records</u>:

## MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Mario Jacome	9709 Pineapple Preserve Ct. Fort Myers, FL 33908	
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	rd specifies Oth day afte				not an effe	ective time,	at 12:01	a.m. on the	earlier of
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Filing Fee: \$25.00