## 4190000 42932

(Req	uestor's Name)	<del></del>
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PICK-UP	WAIT	MAIL MAIL
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<b>,</b> —	<b>,</b>	
Certified Copies	Certificates	of Status
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Special Instructions to F	iling Officer:	

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## **COVER LETTER**

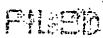
TO: Registration S Division of Co			
SUBJECT:	ling Studio (	LC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Rad	rigo Ruvalcaba O Name of Person	
		Kling Studio LLC  Jim/Company	
	21000 N	E 26 Ave Address	<u>.</u>
	Mi an	City/State and Zip Code  druva @ i cloud. com to be used for future annual report notifi	
	E-mail address: (i	druva @ i cloud. com to be used for future annual report notifi	ication)
For further information of	concerning this matter, please ca		
Rodrigo R	Luvalcaba of Person	at ( <u>305</u> ) <u>333</u> Area Code Daytine	Z9 14 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 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



	Ī		
Inkling S	tudio LLC		12
(Name of the Edmited I	Jability Company as it now Florida Limited Liability Cor	v appears on our records <b>28</b> ( mpany)	9 APR 30 P 12: 10
The Articles of Organization for this Limited Liabi		Ion February 12:32	You 9': gand assigned a
This amendment is submitted to amend the followi	ng:		
A. If amending name, enter the new name of th	e limited liability comp	oany here:	
The new name must be distinguishable and contain the word	s "Limited Liability Compan	y," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:		<u> </u>
(Principal office address MUST BE A STREET A	(DDRESS)		
Enter new mailing address, if applicable:			
r.mer new maning address, it applicable: (Mailing address MAY BE A POST OFFICE BO			
(Matting unions may be a 1031 OFFICE BO	· <del>7</del> .		
B. If amending the registered agent and/or registered agent and/or the new registered office	• •	ess on our records, <u>en</u>	iter the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
•	E	nter Florida street address	
-	City	, Florid:	a Zip Code
	× 11,7		

## 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, 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
AMBR	Marlisa Ponce	21000 NE 26th Ave, Miami	
		FL, 33180	<b>⊠</b> Remove
			Change
AMBR	Rookigo Ruvalcaba	21000 NE 26th Are, Miami	X_Add
		ŦL, 33180	Remove
			Change
			🗆 Add
			□ Remove
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(if an eff <u>Note:</u>	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	April 29th 2019.
	Signature of a member of a member

Page 3 of 3

Filing Fee: \$25.00