L19 CCCC 53901

| (Requestor's Name) | |
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| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | |
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| (Business Entity Name) | _ |
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| (Document Number) | — |
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| Cartificate of Status | |
| Certified Copies Certificates of Status | _ |
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| Special Instructions to Filing Officer: | |
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| | Registration S Division of Co | | | |
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| CHDIE | Concept | 11 Studios, LLC | | |
| SUBJEC | -l; <u></u> - | Name of Lim | ited Liability Company | |
| The encl | osed Articles o | of Amendment and fee(s) are sub | omitted for filing. | |
| Please re | eturn all corres | pondence concerning this matter | to the following: | |
| | | Paul Thomas | | |
| | | | Name of Person | |
| | | Concept 11 Studios, LLC | | |
| | | | Finn/Company | |
| | | 14820 Rue de Bayonne A | pt 202 | |
| | | | Address | |
| | | Clearwater, FL, 33762 | | |
| | | | City/State and Zip Code | |
| | | admin@concept11studios.c | | ici |
| For furth | ner information | e-mail address: i concerning this matter, please o | to be used for future annual report no all: | ineation) |
| Paul The | omas | | 727 543-8208 | |
| | Name | of Person | at () Area Code Daytin | ne Telephone Number |
| Enclosed | d 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 Addr Registration | | Street Address: Registration S | ection |
| | | Corporations | Division of Co | |
| | P.O. Box 63 | 327 | The Centre of | |
| | Tallahassee | , FL 32314 | 2415 N. Monre | oe Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Concept 11 Studios, LLC | | |
|--|---|--|
| (Name of the Limited Liab (A Flori | ility Company as it now appears on our recorda Limited Liability Company) | <u>ds.</u>) |
| The Articles of Organization for this Limited Liability Florida document number <u>L19000053901</u> | Company were filed on | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the li | mited liability company here: | |
| Concept 11, LLC | | |
| The new name must be distinguishable and contain the words "L | imited Liability Company," the designation "LL | C" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | 20 |
| (Principal office address MUST BE A STREET ADI | DRESS) | |
| | | 61- W |
| | | > .T |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| The state of the s | | 9 |
| B. If amending the registered agent and/or register agent and/or the new registered office address here Name of New Registered Agent: | | r the name of the new registered |
| New Registered Office Address: | Enter Florida street addr | ess |
| | r | 7-21. |
| | , r | Florida Zip Code |
| New Registered Agent's Signature, if changing Registe | red Agent: | |
| I hereby accept the appointment as registered ages provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this chang | l complete performance of my duties, a l agent as provided for in Chapter 605 ered office address, I hereby confirm t | and I am familiar with and , F.S. Or, if this document is |

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> | Name | Address | Type of Action |
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Typed or printed name of signee

Filing Fee: \$25.00