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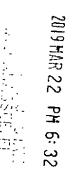
(Requestor's Name)
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C. GOLDEN APR - 2 2019

COVER LETTER

TO:	Registration Se Division of Cor			
SUBJE	CT: Klassic	Kuts Studio LLC Name of Lin		
		Name of Lin	nited Liability Company	
The end	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please (return all correspo	ndence concerning this matter	to the following:	
		Mack Mh	Name of Person	
			Name of Person	
		Klassi Ku	Is Studio LLC Firm/Company	
			Firm/Company	
		11972 Wah	Address	
		77.17	Address	
		_ Hollywegel Fl	33025 City/State and Zip Code Workship Com (to be used for future annual report not	
		7	City/State and Zip Code	
		Freespiritoria	Q Jahoo Com	(0)
Una fina	han in Camana			neation)
		oncerning this matter, please c	all:	
Ma	A Mathey Name of		at (<u>365</u>) <u>924-C</u> Area Code Daytim	399
	Name of	Person	Area Code Daytim	e Telephone Number
Enclose	d is a check for the	e 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, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Khissic Kuls Studio LLC	2019 MAR 22 PH 6: 32
(Name of the Limited Liability Company as it now appears on our records. (A Florida Limited Liability Company))
The Articles of Organization for this Limited Liability Company were filed on 3/11/24/9	and assigned
Florida document number <u>L 1900068093</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our records registered agent and/or the new registered office address here:	Enter the name of the ne
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida sireet address	
Flori	ida
Ciņ·	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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member Title Name: <u>Address</u> Type of Action MGR Mark Markey Porc Hollywood Fl 33025 .

✓ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove Change _□ Remove ☐ Change □ Add ☐ Remove

_□ Change

_□ Remove

_□ Change

	
(If an e <u>Note</u>	tive date, if other than the date of filing:
If the re (b) Th	ccord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dates	3/18/2010
Date	3/18/3C19 M. M
	11.6/1 11.6/16/1/

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00