

119 000101321

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

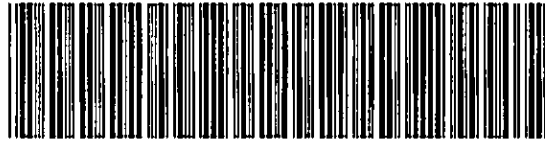
(Business Entity Name)

(Document Number)

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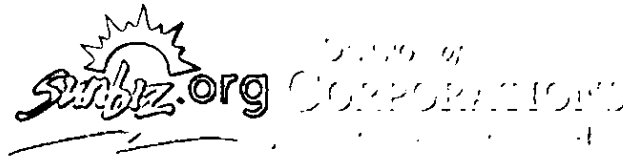


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TALLAHASSEE, FLORIDA

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[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

Detail by Entity Name

Florida Limited Liability Company
SHAQ D STUDIO LLC

→ Name

Filing Information

Document Number L19000101321
FEI/EIN Number APPLIED FOR
Date Filed 04/12/2019
Effective Date 04/11/2019
State FL
Status ACTIVE
Last Event REINSTATEMENT
Event Date Filed 04/05/2022

Principal Address

5628 Waterside Loop
LAKELAND, FL 33805

Changed: 04/05/2022

Mailing Address

5628 Waterside Loop
LAKELAND, FL 33805

→ address

Changed: 04/05/2022

Registered Agent Name & Address

Johnson, Kimberly L
5628 Waterside Loop
LAKELAND, FL 33803

Name Changed: 04/05/2022

Address Changed: 04/05/2022

Authorized Person(s) Detail

Name & Address

Title MGR

HOLTON, SHAQUILLE L

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Shaq D Studio LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Shaquille Horton
Name of Person

Shaq D Studio LLC
Firm/Company

5628 Waterstone Loop
Apt #208
Address

Lakeland FL 33805
City/State and Zip Code

1boss1adyenterprise@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kimberly Johnson at (727) 410 1264
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Shag D Studio LLC

(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 4-5-2022 and assigned
Florida document number 190000101321

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Shag D Enterprise LLC

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)

2628 Waterfront Loop
Apt 208
Lakeland, FL

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TALLAHASSEE, FLORIDA

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, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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DALLAS, TEXAS

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

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BIRMINGHAM, ALABAMA

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 5/10, 2022

Shaquille G. Holton

Signature of a member or authorized representative of a member

Shaquille Holton

Typed or printed name of signee