# L19000102032

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### COVER LETTER ·

TO: Registration So Division of Con		: *	•
SUBJECT:	Sol Manne of Limit	Studia, UC	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Maurice	Arcadicy Name of Person	
	Arcadie	Biggie and	WOOD PLLC
	2815	U Alw Hower	2 aux #304
	me/bo	OUINE, F/ 329 City/State and Zip Code	04
			Studia, CC  Silve Company  Soliting Company  Soliting Company  Soliting Company  Soliting Company  Soliting Company  Address  Add
For further information of	oncerning this matter, please ca	ill:	
Maure o	of Person	at (32/) 9 9 8 Area Code Daytime	53-5998 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)	

#### 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

<u> </u>	mar Studio, LLC
(Name of the Limited I	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liabi	ility Company were filed on 04/12/209 and assigned
This amendment is submitted to amend the following	ing:
A. If amending name, enter the new name of th	e limited liability company here:
The new name must be distinguishable and contain the word	s "Limited Liability Company." the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:
(Principal office address MUST BE A STREET A	ADDRESS)
registered agent and/or the new registered office	registered office address on our records, enter the name of the new
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>	Name	Address	Type of Action
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an effecti lote: Li	date, if other than the date of filing:  (optional)  re 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  the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lists  s effective date on the Department of State's records.	i.0207 ( ed as t
	${f j}$ specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlies the record is filed.	er of:
ated	8/27/2019	
	Cindul C (Mora)  Signature of a member of authorized representative of a member  CINDUE. ORTEGA  Typed or printed name of signee	
	<i>y</i>	