

L19 000115866

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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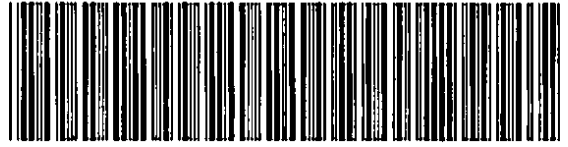
(Business Entity Name)

(Document Number)

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2022 MAY 18 AM 9:24
SECRETARY OF STATE
TALLAHASSEE, FL

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Platform Creators, 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:

Jason Schmidt

Name of Person

Platform Creators LLC

Firm/Company

4705 S. Apopka Vineland Rd., Suite 210

Address

Orlando, FL 32819

City/State and Zip Code

jhayes@stockworth.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jodi Hayes

407

5807297

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed 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 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**

FILED

Platform Creators LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2022 MAY 18 AM 9:

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on April 29, 2019 and assigned

Florida document number L19000115866.

This amendment is submitted to amend the following:

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

Stockworth Studios 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:

4705 S. Apopka Vineland Rd., Suite 210

(Principal office address MUST BE A STREET ADDRESS)

Orlando, Florida 32819

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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

| Case | Initial State | Final State | Operation |
|------|---------------|-------------|---------------------------------|
| 1 | ... | ... | <input type="checkbox"/> Add |
| 2 | ... | ... | <input type="checkbox"/> Remove |
| 3 | ... | ... | <input type="checkbox"/> Change |
| 4 | ... | ... | <input type="checkbox"/> Add |
| 5 | ... | ... | <input type="checkbox"/> Remove |
| 6 | ... | ... | <input type="checkbox"/> Change |
| 7 | ... | ... | <input type="checkbox"/> Add |
| 8 | ... | ... | <input type="checkbox"/> Remove |
| 9 | ... | ... | <input type="checkbox"/> Change |
| 10 | ... | ... | <input type="checkbox"/> Add |
| 11 | ... | ... | <input type="checkbox"/> Remove |
| 12 | ... | ... | <input type="checkbox"/> Change |

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SECRETARY OF STATE
TALLAHASSEE, FL

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SECRETARY OF STATE
TALLAHASSEE, FL

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(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.

Dated May 9, 2022

Signature of _____

Signature of a member or authorized representative of a member

Jason Schmidt

Typed or printed name of signee