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COVER LETTER

TO: Registration Section Division of Corporations

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Santamaria Productions LLC SUBJECT:

SOUGLE

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:

David Santamaria JR

Name of Person

Santamaria Productions LLC

Firm/Company

14744 SW 99th Lane

Address

Miami, FL 33196

City/State and Zip Code

support@storywellstudio.com-

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

For further information concerning this matter, please call:

David Santamaria JR

Name of Person

at (_____) Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

S30.00 Filing Fee & Certificate of Status

\$55.00 Filing Fee & Certified Copy radditional copy is enclosed)

 \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

<u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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ARTICLES OF ORGANIZA OF	2022 KAR 18 AM 6: 47
Santamaria Productions LLC	
(<u>Name of the Limited Liability Company as it now app</u> (A Florida Limited Liability Company	urs on our records.) ////////////////////////////////////
The Articles of Organization for this Limited Liability Company were filed on Florida document number 119000123759	5/07/2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	here:
Storywell Studio 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)	
(Principal office address MUST BE A STREET ADDRESS)	
(Principal office address MUST BE A STREET ADDRESS)	
(Principal office address MUST BE A STREET ADDRESS)	
(Principal office address MUST BE A STREET ADDRESS) (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, <u>enter the name of the new regi</u>
(Principal office address MUST BE A STREET ADDRESS) (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, <u>enter the name of the new regi</u>
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 agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	records, <u>enter the name of the new regis</u>

City

Zip Code

_ Florida _

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 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

AMDR -	Authorized Member	in the second	
<u>Title</u>	Name	Address 2022 MAR 18 AN 6:47	Type of Action
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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.

03/15 Dated	2021	
	Prost atomas	
	Signature of a member or authorized representative of a member	
Davie	l Santamaria JR	
	Typed or printed name of signee	