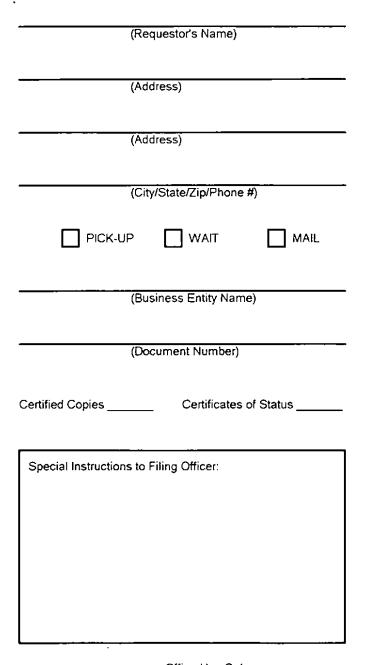
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Office Use Only



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## **COVER LETTER**

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87 Studio 1	i e	
Name of Lim	ited Liability Company	<del></del>
mendment and fee(s) are sub	mitted for filing.	
lence concerning this matter	to the following:	
Ricardo	Rulias	
Core 8	7 Studio LCC Firm/Company	
2360 SW	127th Ave Address	
Miramer 1	City/State and Zip Code	
E-mail address: (	to be used for future annual report notifica	ation)
cerning this matter, please co	all:	
Phylics	at (954) 249 - 9 Area Code Daytime T	7/7 elephone Number
following amount:		
■ \$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)
	Street Address: Registration Section Division of Corpo	
	Studio   Name of Lim  Name of Lim  mendment and fee(s) are sub  dence concerning this matter    Core State     2360 Sw   Mramer 1   E-mail address: (   Incerning this matter, please of the concerning this matter.	Name of Limited Liability Company  mendment and fee(s) are submitted for filing.  dence concerning this matter to the following:    Core & Studio Core   Firm/Company

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cove 87 Stu	dio (LC 2013) N28 7 31 161
(Name of the Limited L (A F	Jability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liabil Florida document number <u>(190015 \$033</u>	lity Company were filed on and assigned
This amendment is submitted to amend the following	
A. If amending name, enter the new name of the	e limited liability company here:
The new name must be distinguishable and contain the words  Enter new principal offices address, if applicable  (Principal office address MUST BE A STREET A	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u>x</u>
B. If amending the registered agent and/or regis agent and/or the new registered office address he	stered office address on our records, enter the name of the new registered ere:
Name of New Registered Agent:	Marc Smilven Jean Beptiste
New Registered Office Address:	Marc Similium Jean Biptiste  272 NW 49th of Micmi, FC 33127  Enter Florida street address
<del>-</del>	Myzmi Florida 33127 City Zip Code
New Registered Agent's Signature if changing Regi	

## New Registered Agent's Signature, it 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

<u>Title</u>	Name	Address	Type of Action
Migr	Ricado Puilias	23100 SW 127th cue	□Add
	Mucher, FC 33027	Remove	
		Change	
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	<del></del>	□Add	
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			□ Change

ii amei	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an elfe Note: 1	ve date, if other than the date of filing:
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 ed.
Dated_	422/2020
	Signature of a member or authorized representative of a member
	Ricardo Philips

Filing Fee: \$25.00