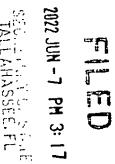


(Requestor's Name)
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(Business Entity Name)
(======================================
(Document Number)
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COVER LETTER

Division of Corpor	rations		
SUBJECT: RBS	Wig Studi	bo Butiqued led Liability Company	Spalle
The enclosed Articles of Am	nendment and fee(s) are subm	nitted for filing.	
Please return all corresponde	ence concerning this matter t	o the following:	
	Sha	Atan AKPan Name of Person	
	RBS Wig 9	Firm/Company	ue Y Spacec
	12472 ha	Ke Underhill Address	1 Rd Str 163
	Oclas	City/State and Zip Code	838
-	SMante E-mail address: (to	an @ ChSwics be used for future annual report	tudio. Com
For further information conc	erning this matter, please ca	II:	
Shartan Name of Pe	AKpan	at (<u>321)</u> 2 Area Code — Da	83 -1479 sytime Telephone Number
Enclosed is a check for the fe	ollowing 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:		Street Addres	<u>s:</u>

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section

TO:

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

RAS Wig Studio Bu	utque + Spar LL 7 PM 3: 17 mpany asht now appears on our records 1- 1-11 to 5 ted Liability Company) TALL AHASSEE, Fill
(A Florida Limit The Articles of Organization for this Limited Liability Compa Florida document number <u>L 1900202940</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited 1	iability company here:
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4401 East Colonial Dr
(Principal office address MUST BE A STREET ADDRESS)	0rlando FL 32803
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	12472 Lake Underhill Rd Ste 163 Oclando FL 32828
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ce address on our records, enter the name of the new registered
Name of New Registered Agent:	Shantan Akpan
New Registered Office Address:	2472 Lake Underhin Rd Ste 163 Enter Florida street address
	City Code . Florida 32828
Now Pagistared Agent's Signature if shanging Pagistared Age	ent:

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
		·	□Change
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document's e	ffective date on the Dep	artment of State's r	records.				
record speci	fies a delayed effective o	late, but not an effi	ective time at 129) I a mon the earl	lier of: (b)	The 90th day af	ter the
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