

LI9000253097

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

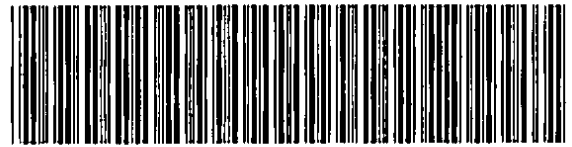
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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JAN 25 2020

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: BAD WORD STUDIO 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:

SAMUEL COLE

\_\_\_\_\_  
Name of Person

BAD WORD STUDIO LLC

\_\_\_\_\_  
Firm/Company

201 EMORY PL

\_\_\_\_\_  
Address

ORLANDO, FL 32804

\_\_\_\_\_  
City/State and Zip Code

business@rainydazeinteractive.com

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

For further information concerning this matter, please call:

Samuel Cole

\_\_\_\_\_  
Name of Person

239

at (\_\_\_\_\_) \_\_\_\_\_

Area Code

580-7414

\_\_\_\_\_  
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**

BAD WORD STUDIO LLC

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

The Articles of Organization for this Limited Liability Company were filed on October, 08 2019 and assigned Florida document number L19000253097.

This amendment is submitted to amend the following:

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

RAINY DAZE INTERACTIVE 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)**

201 Emory Pl

Orlando, FL 32804

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

201 Emory Pl

Orlando, FL 32804

**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:

201 Emory Pl

*Enter Florida street address*

Orlando

*City*

Florida 32804

*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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Samuel Cole	201 Emory Pl	<input checked="" type="checkbox"/> Add
		Orlando FL, 32804	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Brittany Young	2167 Lake Baldwin Ln. #303	<input checked="" type="checkbox"/> Add
		Orlando, FL 32814	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Mark Ryan Lindemulder	12035 Kirby Smith Rd	<input checked="" type="checkbox"/> Add
		Orlando FL, 32832	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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417 781-1100

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

I'm hoping that I can change both the LLC name and the address of the Registered Agent (which is myself) in just the one go with the \$25 filing fee, and I think that means from the language of this form that I don't have to pay another \$25 just to change my Registered Agent Office address. IF THAT IS INCORRECT and I need to submit another check just to change that address as well as the name, please contact me at:  
samcole@rainydazeinteractive.com OR call me at (239) 580-7414.

It would be a big help, thanks. I just want to make sure I do it right and have the correct info changed.

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CLERK OF COURT  
STATE OF FLORIDA  
TALLAHASSEE

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(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.

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.

Dated December 18, 2019



Signature of a member or authorized representative of a member

Samuel Cole

Typed or printed name of signee