## L19000257480

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## **COVER LETTER**

TO:

P.O. Box 6327

Tallahassee, FL 32314

	Registration Se Division of Cor		. ,	v		
		GN STUDIO LLC		•		
SUBJEC	CT: Name of Limited Liability Company					
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	<i>A</i>		
Please re	turn all correspo	ondence concerning this matter	to the following:			
		Connor Zielinski				
			Name of Person			
		IRRI DESIGN STUDIO L	LC			
			Firm/Company			
		3120 Short Leaf Pine Cour	1			
		<del></del>	Address			
		Kissimmee, Florida 34746				
		<del> </del>	City/State and Zip Code	·		
		connor@irridesignstudio.co	m to be used for future annual report not	(Fastion)		
For furth	er information c	oncerning this matter, please ca	:	meationy		
Connor 2		•	407 7443658			
	Name o	f Person	at () Area Code Daytir	ne Telephone Number		
Enclosed	l is a check for th	ne following amount:				
<b>≘</b> \$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 Addres Registration S	Section	<u>Street Address:</u> Registration Sc			
	Division of C	orporations	Division of Co	rporations		

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IRRI DESIGN STUDIO LLC

(Name of the Limited Liabil (A Florid	lity Company as it now appears or la Limited Liability Company)	a our records.)	7 20
The Articles of Organization for this Limited Liability C Florida document number <u>L19000257680</u>	Company were filed on 10/14/	2019 and a	essigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	cles of Organization for this Limited Liability Company were filed on 10/14/2019 and assigned document number L19000257680 and assigned endment is submitted to amend the following:  mending name, enter the new name of the limited liability company here:  ame must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC."  ew principal offices address, if applicable:  all office address MUST BE A STREET ADDRESS)  ew mailing address, if applicable:  address MAY BE A POST OFFICE BOX)  enending the registered agent and/or registered office address on our records, enter the name of the new registered address.		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the desig	nation "LLC" or the abbreviation	·L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		<u></u>	
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our reco	rds, <u>enter the name of the n</u>	ew registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida	street address	
		, Florida	
	City	Zip Cod	e e
New Registered Agent's Signature, if changing Registere	ed Agent:		
I hereby accept the appointment as registered agent	and agree to act in this can	acity. I further agree to cor	nnly with the

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, <u>enter the title</u>, <u>name</u>, <u>and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
<del></del>	Kenneth Clay	1901 Fawn Meadow Circle	
		St. Cloud Florida 34772	■Remove
			Change
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ffective date, if other than the	date of filing:		(optional)	
an effective date is listed, the date must	t be specific and cannot be prior to	o date of filing or more tha	in 90 days after filing.) Pursuant to	605.0201
<u>lote:</u> If the date inserted in this blo ocument's effective date on the Do		ble statutory filing requ	urements, this date will not be	listed as
		an effective time	-142.04 41	
e record specifies a delayed	I effective date, but not	an checuve time,	at 12:01 a.m. on the ea	arlier o
		an enecave ame,	at 12:01 a.m. on the ea	arlier o
The 90th day after the reco	ord is filed.	an enective time,	at 12:01 a.m. on the ea	arlier o
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The 90th day after the reco	ord is filed. $\frac{2020}{2000}$			arlier o
Pated	ord is filed.			arlier o