19000 261852

ļ	
	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
	(Business Entity Name)
	(Document Number)
Certified Cop	es Certificates of Status
Special Ins	ructions to Filing Officer:
	Office Use Only



06/02/20++01013---004 *+25.09





JUN 1.6 5050

I ALBRITTON

* . ·		(COVER LETTER	
	stration Sec sion of Cor			
	DOOKIE S	TUDIOS LLC, Membership ch	ange	
SUBJECT:			ted Liability Company	
The enclosed	Articles of a	Amendment and fee(s) are subr	nitted for tiling.	
Please return	all correspo	ndence concerning this matter t	to the following:	
		Frank Alvarez Esq.		
			Name of Person	
		SAME		
ļ			Firm/Company	<u></u>
		8520 SW 74 Ter.		
			Address	
		Miami. Fl. 33143		
			City/State and Zip Code	
ŀ		thalvarez@aol.com		
		thalvarez@aol.com E-mail address: ()	o be used for future annual report noti	fication)
For further in	formation e			fication)
For further in Frank Alvare		E-mail address: ()	all: 305298-3846	fication)
	z ESQ	E-mail address: ()	all: 305 298-3846 at ()	fication) e Telephone Number
Frank Alvar	z ESQ Name o	E-mail address: () oncerning this matter, please ca	all: 305 298-3846 at ()	
Frank Alvar	z ESQ Name o check for th	E-mail address: () oncerning this matter, please ca f Person	all: 305 298-3846 at ()	
Frank Alvare Enclosed is a Enclosed is a S25.00 F	z ESQ Name o check for th iling Fee ling Addres cistration 5	E-mail address: () oncerning this matter, please ca if Person he following amount:	all: at ()at () Area Code Daytim Daytim	e Telephone Number \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed

.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DOOKIE STUDIOS 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 10/18/2019 and assigned Florida document number L19000261852

This amendment is submitted to amend the following:

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

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)	i na				
	12				
Press and a siling address if applicables					
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, 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:		
	Enter Florida street ad	ldress
r		, Florida
-	City	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 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
AMBR	Maria T. Alvarez	8520 SW 74 Ter. Miami, Fl. 33143	🖸 Add
			Remove
			□Change
			🗔 Add
			Change
			🗆 Add
			🗆 Remove
			□ Change
			🗆 Add
			🗆 Remove
			□Change
			🗆 Add
			□Change
			ŪAdd
			🗌 Remove
			Change

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

•

										<u> </u>					
						····-									
		·	- <u>-</u>					<u> </u>	<u></u>	,					
											<u></u>				
	_										- L -			<u> </u>	
										-					
									· · · · ·						
															•
	Ī					-									
									 I						
E. Effec	tive d	ate, if othe date is listed	er than ti	he date o	of tiling:	filing da	ate	5/2	9/20	7	_ (optic	onal)			
(if an c Note	effective : 16th	date is listed	, the date n ed in this	nust be spe block dor	cific and c	annot be presented and	prior to d	late ^l of fili 2 statuto	ng or more	e than 90 requirem	days after ents, this	filing.) I s date w	ursuant to ill not be	5 605.02 e listed :	07 (3)(b) as the
docu	ment's	effective da	ate on the	Departm	ent of St	ate's reco	ords.		· · · · · · · · · · · · ·						

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.

M Dated	AY. 29 2020 Signature of a membér or authorized representative of a member
	Marcos Alvarez Typed or printed name of signee