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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Divi	ision of Cor	porations			
	JAICA STU				
SUBJECT:Name of Limited Liability Company					
The enclosed	l Anticles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		Cynthia Scott			
			Name of Person		
		Jaica Studios LLC			
		M-24-11-11-11-11-11-11-11-11-11-11-11-11-11	Firm/Company		
2005 Treefork Lane Suite 109 Address					
			City/State and Zip Code		
		jaicacreativeacademy@gma			
			to be used for future annual report not	ification)	
For further it	nformation c	oncerning this matter, please ca	all:		
Sterle Scott		407 2346552 at ()			
Name of Person		Area Code Daytin	ne Telephone Number		
Enclosed is a	i check for th	ne following amount:			
■ \$ 25.00 F		12 \$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)	
	iling Addres		<u>Street Address:</u> Registration Se	ection	
Div	vision of C	orporations	Division of Co	rporations	
P.O. Box 6327 The Centre of Tallahassee				Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jaica Studios LLC	
(<u>Name of the Limited Liability Company as it now an</u> (A Florida Limited Liability Compa	opears on our records.) my)
The Articles of Organization for this Limited Liability Company were filed on	n 11/22/2019 and assigned
Florida document number 1.19000290050	
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compan	<u>y here</u> :
AICA CREATIVE LLC	
he 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)	200 3
	20 -
	>7 6 Name
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	[17]. [17]
	Ħ - - - - - - - - - -
If amending the registered agent and/or registered office address on or gent and/or the new registered office address here:	ur records, <u>enter the name of the new registe</u>
Name of New Registered Agent:	
New Registered Office Address:	
Enter	Florida street address
	, 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 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>	Address	Type of Action
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ective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be p	prior to da	te of filing or	more than 90	(optional) days after filing.) Pursuar	nt to 605.02
te: If the date inserted in this block does not meet the approximent's effective date on the Department of State's reco	plicable	statutory fi	ing requires	nents, this date	will not	be listed
cord specifies a delayed effective date, but not an effective filed.	ve time, a	nt 12:01 a.m	i, on the ear	lier of: (b) Th	e 90th d	lay after th
ed August 26 2021						
Signature of a member or a	M	. <	at	5		
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