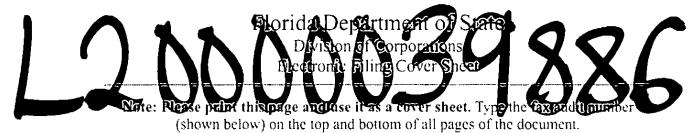
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Division of Corporations



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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

To:		i ~;
	Division of Corporations	
	Fax Number : (850)617-6383	
From:		;=. <u>-</u>
	Account Name : VCORP SERVICES, LLC	
	Account Number : I20080000067	۳,۰ ¬
	Phone : (845)425-0077	
	Fax Number : (845)818-3588	- : <u>:</u>
		~-≥ <i>u</i>
		ਲੀ ਨੌ
**Enter	the email address for this business entity to be used f	or future
ani	nual report mailings. Enter only one email address pleas	se.**
3.5		
<u>.</u> ∵Ęm.	ail Address:	
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REMY SET FETE LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

M. SOLOMON

Electronic Filing Menu

Corporate Filing Menu

Help

To: Florida Dept. of State

18886118813

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Remy Set Fete LLC				
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	uny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000039886</u>	were filed on <u>02/03/2020</u>	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
relle studio LLC				
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	ne abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	_17464 Ponte Chiasso Drive Boca Raton EL 33496			
(Principal office address MUST BE A STREET ADDRESS)		202		
		Q		
Enter new mailing address, if applicable:		- F		
(Mailing address MAY BE A POST OFFICE BOX)	17464 Ponte Chiasso Drive Boo	a Raton FL 55496		
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		ter the name of the nev		
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

To: Floride Dept. of State Page: 3 of 4

2024-11-14 18:06:11 GMT

18886118813

From: Vcorp Services, LL(

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 = Ma $AMBR = Au$	nager thorized Member		
<u>Title</u>	Name	Address	Type of Action
			Remove
			Change
			□ Remove
			☐ Change
			□ Add 2024 □ OV
			Change
			☐ Remove
			Change
			Remove
			□ Change
			☐ Remove
			□ Change

	, Page 4 of 4	2024-11-14 18:		18886118813		From	r Voorp Servic
D. If amending any	y other information, enter	change(s) here:	(Attach addition	nal sheets, if neces	sary.)		
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			-	-			
(If an effective date is Note: If the date	fother than the date of filist listed, the date must be specific a inserted in this block does no live date on the Department of	and cannot be prior to t meet the applicabl	date of filmg or mor	re than 90 days after f	ding.) Parsi	uant to 602 of be list	5.0207 (3)(b) ed as the
If the record spec (b) The 90th day	ifies a delayed effective y after the record is filed	e date, but not a d.	ın effective tir	me, at 12:01 a.	m. on tl	ne earli	er of:
Dated November	14	_ · 2024	· A	4-			

Page 3 of 3

Typed or printed name of signee