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LAW OFFICES CASVEN LAW, P.A. Attorney at law 2655 Le Jeune Rd, Suite 313 Coral Gables, FL 33134

Miguel A. de Castro, Esq. | <u>Miguel/a casvenlaw.com</u>

June 21st, 2023

<u>SERVED VIA</u> <u>US REGULAR MAIL</u>

TO: Florida Department of State Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

RE: Cover Letter for LLC Amendment; HStudio Miami, LLC; L20000042604

To Whom It May Concern:

I hope this email finds you very well. Included in this submission please find the Articles of Amendment to Articles of Organization for the Company HStudio Miami. LLC (Florida Document Number above). Additionally, you will find a check from our Firm's Operating Account (Check #1488) in the amount of \$25.00 for payment of the Filing Fee. Should you have any questions or concerns, please feel free to contact our office at <u>Miguel@Casvenlaw.com</u> or through telephone at (305) 779-4826. Thank you.

Sincerely,

Miguel A. Castro, Esq. FBN: 116546 For the Firm

CC: Client

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COVER LETTER

TO: Registration Section Division of Corporations

HSTUDIO MIAMI LLC

SUBJECT: _____

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:

Miguel A. de Castro, Esq.

Name of Person

Casven Law, P.A.

Firm/Company

2655 Le Jeune Road, Suite 313

Address

Coral Gables, Florida 33134

City/State and Zip Code

Info@hstudiomiami.com

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

For further information concerning this matter, please call:

Salim Antoine Skaf

Name of Person

_at (____) Area Code _______Daytime

ode 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) S60.00 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 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF	
-	O DRGANIZATION
	DRGANIZATION DF 2023 JUN 28 AM 7: 30
_	2023 JUN 20
HSTUDIO MIAMI LLC	-120 AM 7: 30
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>1.20000042604</u> .	were filed on <u>02/05/2020</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)	
Enter new mailing address, if applicable:	658 West Palmetto Park Road
(Mailing address MAY BE A POST OFFICE BOX)	Boca Raton, Florida 33486
B. If amending the registered agent and/or registered office : agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registere</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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	RENATO MATHIAS TICOULAT	45 SW 9TH STREET, APT. 3706	🗆 Add
		MIAMI, FLORIDA 33130	Remove
			🗆 Change
MGR	EDUARDO TREVISAN	11930 NORTH BAY SHORE DRIVE, APT. 1001	🖬 Add
		NORTH MIAMI, FLORIDA 33181	🗆 Remove
			□Change
AMBR	SALIM ANTOINE SKAF	658 WEST PALMEITO PARK ROAD	🗆 Add
		BOCA RATON, FLORIDA 33486	🗆 Remove
			Change
AMBR	MARIA C. MACHADO DE MINA	658 WEST PALMETTO PARK ROAD	🗆 Add
		BOCA RATON, FLORIDA 33486	Remove
			🗋 Add
			🗆 Remove
			□Change
			🖸 Add
			Remove
			🗆 Change

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

	<u> </u>
tive date, if other than the date of filing:	(optional)

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 _____, 2023 _____.

Salim Antoine SKaf Signature of a member or authorized representative of a member

SALIM ANTOINE SKAF

Typed or printed name of signee