

# La OOOOYARLO

## Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : R&P ACCOUNTING AND TAXES INC  
Account Number : 120170000090  
Phone : (305)358-1310  
Fax Number : (305)503-6701

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: drod8723@gmail.com

### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN STUDIO KIDS BUENA VISTA LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

2020 AUG 27 AM 8:26

2020 AUG 27 PM 6:25

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

2020 AUG 27 PM 6:25

STUDIO KIDS BUENA VISTA 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 02/05/2020 and assigned  
Florida document number L20000042961

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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	PAULA VITALE	231 NW 52 STREET	<input type="checkbox"/> Add
		MIAMI, FL 33127	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PATRICIA VITALE	231 NW 52 STREET	<input type="checkbox"/> Add
		MIAMI, FL 33127	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SILVIA VITALE	231 NW 52 STREET	<input type="checkbox"/> Add
		MIAMI, FL 33127	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	ARIEL VIVACQUA	231 NW 52 STREET	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33127	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LUCIANO MAESTU	231 NW 52 STREET	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33127	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		<input type="checkbox"/> Change	

