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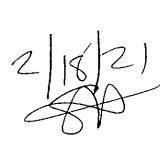
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COVER LETTER

TO:	Registration S Division of Co	ection rporations		•	
SUBJEC	WH Creati	ve Designs,LLC		• .	
30000		Name of Lin	nited Liability Company		
The enclo	osed Articles of	Amendment and fee(s) are sub-	omitted for filing.		
Please ret	turn all correspo	ondence concerning this matter	to the following:		
		Hugueth Galo			
## Division of Corporations WH Creative Designs LLC Name of Limited Liability Company					
			Firm/Company		
		8421 NARCOOSSEE RO	AD apt 9308		
			Address		
	Firm/Company 8421 NARCOOSSEE ROAD apt 9308 Address Orlando, Florida, 32827 City/State and Zip Code huguethgalo@gmail.com E-mail address: (to be used for future annual report notification) ther information concerning this matter, please call: T Alvarez 786 325 4675				
		huguethgalo@gmail.com	City/State and Zip Code		
		E-mail address: (to be used for future annual i	report notification	n)
For furthe	r information c	oncerning this matter, please c	all:		
Walther A	Alvarez			4675	
	Name o	f Person		Daytime Telep	phone Number
Enclosed	is a check for th	ne following amount:			
\$25.0	0 Filing Fee	-	Certified Copy		Certificate of Status &
	_				ions
P	O. Box 632	7		itre of Tallah	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WH CREATIVE DESIGNS, 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 03/16/2020 and assigned Florida document number L20000082836 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Moodee Studio, LLC 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

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>	Type of Action
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		· ·	□Remove
			☐ Change
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an effe	optional) ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursu f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not's effective date on the Department of State's records.	ant to 605.02 ot be listed a
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	Supature of a member or authorized representative of a member	

Filing Fee: \$25.00