## L2000 162798

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	<del>.</del>
(Cit	ty/State/Zip/Phone	<del></del>
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

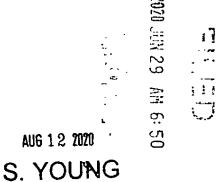
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JUN 29 2020



## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: STU	Name of Limited Liability Company
The enclosed Articles of Amendment	and fee(s) are submitted for filing.
Please return all correspondence conce	ming this matter to the following:
	STACIA FINCH Name of Person
	STUDIO Cale, LLC.
461	15 Clype Morris BIVD Unt #406
_Po	City/State and Zip Code
_5h	E-mail address: (to be used for future annual report notification)
For further information concerning thi	s matter, please call:
STOCICL FIXEY Name of Person	at ( <u>38Co</u> ) <u>5Co 4088</u> Area Code Daytime Telephone Number
Enclosed is a check for the following a	uniount:
	Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Section

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number 1200162798	
This amendment is submitted to amend the following:	on the second se
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity 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 a agent and/or the new registered office address here:	nddress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Linter 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, 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
MGR	STACIA FINCH	2600 Coral War WEST Oaytona Och., FL. 32118	ZAdd
			□Remove
			□Change
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Note:	ive date, if other than the date of filing:
e record	d 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 ed.
	6/25/27
Dated _	
Dated <sub>.</sub>	Signature of a member or authorized representative of a member