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COVER LETTER

Registration Section

TO:

Division of Corpo	orations	•	
STUDIO SUBJECT: #	KAYTEN LLC	*	er en
SUBJECT: 3		I Liability Company	
The enclosed Articles of A	mendment and fee(s) are submi	tted for filing.	
Please return all correspond	lence concerning this matter to	the following:	
	KHALEEL HUSBANDS		
		Name of Person	·····
	STUDIO KAYTEN LLC		
		Firm/Company	
	1220 GREEN VALLEY CT		
	<u>.</u>	Address	
	APOPKA, FLORIDA 32703		
		City/State and Zip Code	
	studiokayten@outlook.com E-mail address; (to b	be used for future annual report not	ification)
For further information cor	scerning this matter, please call:		
KHALEEL HUSBANDS		407 618-9348 at ()	
Name of I	Person	Area Code Daytin	ne 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)	■ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclose
Mailing Address: Registration Se	ction	<u>Street Address:</u> Registration Se	ection
Division of Corporations		Division of Co	rporations
P.O. Box 6327 Tallahassee, FL 32314		The Centre of 1 2415 N. Monro	Fallahassee be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

STUDIO KAYTEN LLC

2022 FEB 28 AM 10: 34

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)
SEURE i. SECNETARY OF STATE TALLAHASSEE, FL The Articles of Organization for this Limited Liability Company were filed on $\frac{-08/12/2020}{}$ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: KAYTEN LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A 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: N/A Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 assending 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
N/A	N/A	N/A	□Add
			□Remove
			□ Change
N/A	N/A	N/A	□Add
			□Remove
			Change
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			□Remove
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			□Remove
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N/A	N/A	N/A	□Add
			□Remove
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	N/A		
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an effective date is listed, the date must be:	specific and cannot be prior to d	nte of filing or more than 90 days after filing.) Purs	
ocument's effective date on the Depar	tment of State's records.	statutory filing requirements, this date will	not be fisted as
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