## 120000345302

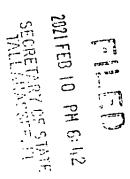
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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## **COVER LETTER**

TO: Registration Se Division of Cor			
бивјест: <u></u> Мођ	ceed Studios Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Yanil Zayas	Name of Person	
	Nubreed St.	Ddio5 Firm/Company	
	431 Gaston Fo	oster rd. Suite O	
	Orlado, F1.	32807 City/State and Zip Code	
	Nubreedente		fication)
for further information c	oncerning this matter, please ca	·	·
Yaril Zalas Name o	f Person		e Telephone Number
Enclosed is a check for the	ne 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 enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

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

Nubrood Studios 116		<b>2021</b> FEB 10	PH 6:42
(Name of the Limited Liability) (A Florida L.)	Company as it now appears ( mited Liability Company)	on our records:)ETARY	COF STATE
The Articles of Organization for this Limited Liability Con	npany were filed on <u></u>	7. 30,2020	and assigned
Florida document number <u>110000345302</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	d liability company here	:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the desi	gnation "LLC" or the abb	oreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	SS)		
	-		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			<del></del> -
	<del> </del>		<del> </del>
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	ffice address on our rec	ords, <u>enter the name</u>	of the new register
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida	i street address	
	731	Florida	
New Registered Agent's Signature, if changing Registered A	City-		Zip Code
I hereby accept the appointment as registered agent an	<del></del>	pacity I further oor	ee to comply with t
provisions of all statutes relative to the proper and com	plete performance of m	y duties, and I am fa	imiliar 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:

Amend title and add middle In the little 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
MGAM	Vamil Zayas	431 Gaston Foster AD Svite O	□Add
		Orlando, Fl. 32807	□Remove
AMBR	Yanil M Zayas	431-Gostan Foster AD. Suite	<u></u> ∑Add
		Orlando, F1. 32807	□Remove
			Change
			□Add
			□Remove
		<del></del>	□Change
			□Add
			□Remove
			□Change
	<del></del>		□Add
			□ Remove
			□Change
<del></del> _		🗀 Add	
			□ Remove
			□Change

n ame	I was trying to Amend title and add My Middle
-	Inital. So It would look like this,
_	+11.101, 30 11 WVV.10 100B 11Be 1his
-	
~	Title: AMBA
	$\sqrt{1 + \sqrt{1 + \sqrt{2}}}$
	131 Goston Foster RD. Suite O
-	Orlando, FL. 32807
-	
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_	
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_	
i an cifi <u>Note:</u>	ve date, if other than the date of filing:
record is fil	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.
Dated <sub>.</sub>	Feb. 8th 2021
	Spril Appl
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Ett. - E. - 625 00