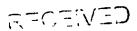
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(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nar	me)
(D	ocument Number)	1
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

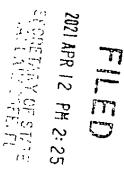


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COVER LETTER

TO:

Registration Section

Div	ision of Cor	porations			
	Dysphoria :	Studios LLC		•	
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	i all correspo	ondence concerning this matter	to the following:		
		Nicholas Direz			
			Name of Person	· · ·	
		Dysphoria Studios LLC			
			Firm/Company		2021
		6871 NW 117 AVE		,	PR
			Address		12
		Parkland, FL, 33076		ריו. ריו." ריו."	PR
		ndirar@umail.com	City/State and Zip Code		2021 APR 12 PM 2: 25
		ndirez@gmail.com E-mail address: (to be used for future annual report noti	fication)	•
For further i	nformation c	oncerning this matter, please c			
Nicholas Di	rez		954 856-0015		
	Name o	f Person	Area Code Daytim	e Telephone Number	-
Enclosed is	a check for th	ne following amount:			
□ \$25.00 I	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing For Certificate of Signature Copy (additional copy is	Status &
	iling Addres		Street Address: Registration Sec	ction	
Di	vision of C	Corporations	Division of Cor	porations	
	D. Box 632		The Centre of T		
1 a	Hahassee, I	rl 52314	Z415 N. Monro	e Street, Suite 810 –	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability</u> (A Florida I.	Company as it now appears on our records imited Liability Company)	<u>,,)</u>
The Articles of Organization for this Limited Liability Con Florida document number 500355155975	mpany were filed on 11/13/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
Dystopia Studios LLC		. ~
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC"	
Enter new principal offices address, if applicable:		高温 3
(Principal office address MUST BE A STREET ADDRE	ESS)	12 P
		2:2
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>enter t</u>	the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	nner Partaa Meet adaress)
	Flo	orida Zip Code
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Dyenhoria Studios LLC

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
			□Add
			□Remove
			□Change
			□Add
		PRemove	
			ro Change
			PH PH Add
			Change
			☐Add
			□ Remove
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	ist be specific and cannot be prior to date of filing or i lock does not meet the applicable statutory fili	
cord specifies a delayed effecti s filed.	ve date, but not an effective time, at 12:01 a.m.	, on the earlier of: (b) The 90th day after t
ed April 6th	2021	
cu		
Noyles Dr	Signature of a member or authorized representativ	