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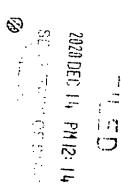
(Requestor's Name)
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PICK-UP WAIT MAIL
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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COVER LETTER

TO:

TO: Registration Se Division of Cor			
	TUDIOS LLC		
SUBJECT:			•
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ANGEL E. MARTINEZ		
		Name of Person	
		Firm/Company	
	777 NW 72ND AVE. STE	1076	
	MIAMI/FL 33126	Address	
	THEFAMOUSANGEL@G	City/State and Zip Code MAIL.COM	
	E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
ANGEL E. MARTINEZ		305 4398771	
		at ()	
Name o	f Person	Area Code Daytin	ne 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 Addres Registration S		Street Address: Registration Se	ection
Division of C		Division of Con	
P.O. Box 632	.7	The Centre of T	•
Tallahassee, l	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on and assigne-
This amendment is submitted to amend the following:	
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	lity 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)	2020 S.F.
	20
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	PH C
	4
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of the new reg</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter 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	MICHAEL J. DIAZ	777 NW 72ND AVE. STE 1076, MIAMI/FL 33126	
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			\bullet Remove
			□Change
MGR	MARLY D. MARTINEZ	777 NW 72ND AVE. STE 1076, MIAMI/FL 33126	■Add
			= Add
			□Remove
			□Change
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