## L21000007331

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## **COVER LETTER**

TO: Registration Se Division of Cor			• • •	•
SUBJECT: STUDIO W	/s LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Pia Petrelli			
	ramanan majaran kadi di dibah yangga art marangan ya kadi ini di bahan y	Name of Person	سويت سيدانها الوائدة والمتحاولة المتحاولة المتحاولة المتحاولة المتحاولة المتحاولة المتحاولة المتحاولة المتحاولة	and the second second
	Stadio WS LLC			<b>~</b>
	والمراجعة المراجعة ا	Firm/Company		22 AUG
	8161 S.W. 104th Street			22 AUG 10 AM10: 42
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	Miami, Florida 33156			AM 10: 42
	piapetrelli@gmail.com	City/State and Zip Code		
		to be used for future annual rep	ort notification)	******
For further information c	oncerning this matter, please c	all:		
Pia Petrelli		305 505	1739	
Name o	f Person		Daytime Telepho	ne 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 enclos		\$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

STUDIO WS LLC							
( <u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our records.) nited Liability Company)						
The Articles of Organization for this Limited Liability Com  Florida document number L21000007331	and assigned						
This amendment is submitted to amend the following:							
A. If amending name, enter the new name of the limited liability company here:							
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the a	abbreviation "L.L.C."					
Enter new principal offices address, if applicable:							
Principal office address MUST BE A STREET ADDRES	(S)	22					
		SION SION					
		0 9 A					
Inter new mailing address, if applicable:		COR					
Mailing address MAY BE A POST OFFICE BOX)		<b>3</b> 84					
Maning dadress MAT BE A POST OFFICE BOX)		5 9					
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	Mice address on our records, <u>enter the na</u>	ne of the new regis					
Name of New Registered Agent:							
New Registered Office Address:							
	Enter Florida strect 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.

Cinv

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

Title	<u>Name</u>	Address	Type of Action
AMBR	April A. Palmer	150 Main Street, Apt 2218	
		Longmont, CO 80501	
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