h21000010653

(Requestor's Name)
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,
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2022 FEB - 7 PM 3: 05
SECRETARY OF STATE

Y. SCOTT FEB 16 2022

COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor			
suвјест: <u>Ехр</u> б	erience. Manu	SACE Studio ted Liability Company	LLC
The enclosed Articles of	Amendment and fee(s) are subt	mitted for filing.	
Please return all correspo	indence concerning this matter t	to the following:	
	Gabri	elle lee Name of Person	
		Firm/Company	ZZFEB-
	11712 vtc	memoral Crite D. Address	PILEL PM 3: 06 2022 FEB -7 PM 3: 06 SECRETARY OF STATE TATLAHASSEE. FL
	Rivervicia) FL 33579 City/State and Zip Code	TATE
	Obrielle Ovello E-mail address: (t	ne 1410 e ama, 1. To be used for future anglial report not	CON7 inication)
For further information c	oncerning this matter, please ca		
Cabrielle Name o	f Person	at (813) 770 Area Code Daytin	4897- 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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration 9		Street Address: Registration Se	
Division of C P.O. Box 632		Division of Co The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Experience Movido	18 istudio LLC
(A Florida Limited L	nability Company)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L210000653}{}$.	were filed on _ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
Pretty On Point Acader The new name must be distinguishable and contain the words "Limited Liability".	my And Brauly Garden LLC ity Company," the designation "CLO" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1541 Dale Mabry Hwy
(Principal office address MUST BE A STREET ADDRESS)	Unit 202
	Lutz, FL 33548
Enter new mailing address, if applicable:	11712 utonewood Gate Drive
(Mailing address MAY BE A POST OFFICE BOX)	Riverview, FL 33579
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	122 F
New Registered Office Address:	
	Enter Florida street address
	City Florida Zig Sode
New Registered Agent's Signature, if changing Registered Agent:	31. J.

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
			□Add
			□Remove
			□Change
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If amending any other information, enter change(s) here: (Attach additional sheets, if neo		
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Effective date, if other than the date of filing:	ional) er filing.) Pursuant to 605.0 is date will not be listed	1207 ( 1 as t
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (	b) The 90th day after t	the
Dated February 3 . 2022 .  Signature of a member of authorized representative of a member		
Signature of a member or authorized representative of a member		
1/2		
Typed or printed name of signee		

Filing Fee: \$25.00