L21000027874

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(Business Entity Name)	
(Document Number)	
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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Div	ision of Cor	porations		
01 (b. 11) Zer	Aldrich-Ca	llen Studios LLC	,,	
SUBJECT:		Name of Lim	nited 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:	
		Carson James Aldrich		
		,	Name of Person	
			Firm/Company	
		Oviedo, FL 32766	Address	
			City/State and Zip Code	
		•		
For further ir	iformation c	n-mail address: (oncerning this matter, please c		
Carson Jame			32766 4072426268	2021
	Name o	f Person	Area Code Daytime Telephone Number	LI ARA
Enclosed is a	check for the	ne following amount:		> \frac{1}{1}
□ \$25.00 F	filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & ■ \$60.00 Filing Certified Copy (additional copy is enclosed)	of Spe tus & opy
	iling Addres gistration S		Street Address: Registration Section	
Div	-	orporations	Division of Corporations The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Aldrich-Callen Studios LLC		
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L^21000027874}{L^21000027874}$	were filed on 1/12/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility 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)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the na</u>	ame of the new register
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	<u> </u>
New Registered Office Address:	Enter Florida street address	= J
	. 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	Emily Callen	11328 Oak Creek Dr, Lakeside 92040	□Add
			Remove
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Effective date, if other than t if an effective date is listed, the date is	he date of fil	ling:		(ор	tional)	
If an effective date is listed, the date in Note: If the date inserted in this	must be specific s block does no	and cannot be prio	r to date of filing o cable statutory fi	rmore than 90 days aff ling requirements at	ier filing.) Pursua his date will no	nt to 605.0207 t_be_listed_as:
document's effective date on the				ing requirements, c	ms date will no	t be miles to
e record specifies a delayed effected is filed.	ctive date, but	not an effective (ime, at 12:01 a.r	n, on the earlier of:	(b) The 90th o	lay after the
Dated May 12		2021				
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(Dievol)	M		orized representat			
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Typed or printed name of signee