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(Re	equestor's Name)	
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			COVER LETTER	
то:	Registration Se Division of Cor			
			IGN STUDIO LLC	
SUBJE	CCT:	Name of Lim	ited Liability Company	 ,
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please 1	return all correspo	ndence concerning this matter	to the following:	
			OLGA KALYANOVA	
			Name of Person	
		THE	FINKELSHTEYN GROUP P.A.	
Firm/Company			 -	
		134 S DIXIE HWY SUIT		
			Address	
		HALLANDALE, FL 3300		
		olga@tfgepa.com E-mail address: (City/State and Zip Code to be used for future annual report notificat	tion)
For furt	ther information c	oncerning this matter, please c	aff:	
OLGA	KALYANOVA		305 931 9212 at ()	
	Name o	f Person	Area Code Daytime Te	lephone Number
Enclose	ed is a check for th	ne following amount:		
■ \$23	5.00 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 5 Division of C P.O. Box 632 Tallahassee, I	Section forporations 7	Street Address: Registration Section Division of Corpor The Centre of Tall 2415 N. Monroe S Tallahassee, FL 32	rations ahassee treet, Suite 810 2

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	lity Company as it now appears on our r	ecords)
(A Florid	lity Company as it now appears on our reda Limited Liability Company)	· · · · · · · · · · · · · · · · · · ·
The Articles of Organization for this Limited Liability Florida document number 1.21000045377	Company were filed on02/05/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	ORESS)	
		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		
	1 65 11	A 41 641
If amending the registered agent and/or registered agent and/or the new registered office address here:		nter the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
res registered office radices.	Enter Florida street a	ddress
		. 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 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>	Address	Type of Action
AMBR	ALEXZANDRA GIORDANO	29 CAMDEN STREET, UNIT 706	≣∧dd
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fective date, if other than the	date of filing:		(opti	ional)	
on effective date is listed, the date must ote: If the date inserted in this bloocument's effective date on the De-	the specific and cannot! ock does not meet the	applicable statutory t	or more than 90 days afte illing requirements, the	r filing.) Pursuant to 6 is date will not be l	605,0207 listed as
record specifies a delayed effective	e date, but not an effe	ctive time, at 12:01 a.	m, on the earlier of: (l	o) The 90th day a	ifte l th e
is filed.				2021 APR	ĭ "

Typed or printed name of signee