## L216000696326

(Re	questor's Name)	
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_	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

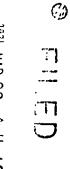
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## COVER LETTER

TO:	Registration Sec Division of Corp			
CUBIE		Studios LLC	1	
SUBJE	UT:	Name of Lim	ited Liability Company	
The encl	losed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		Davey T. Jay, Esq.		
		-	Name of Person	
		Mechle & Jay P.A.		
			Firm/Company	
		1215 E Concord Street		
			Address	
	Orlando, FL 32803			
City/State and Zip Code				
		E-mail address: (	to be used for future annual report notification)	
For furth	ner information co	oncerning this matter, please ca	all:	
Davey 1	Г. Jay, Esq.		407 792-0790	
	Name of	'Person	at () Area Code Daytime Telephone Number	
Enclose	d is a check for th	e following amount:		
罩 \$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address:  Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

## TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TMROWCO Studios LLC				
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000096326</u> .	were filed on 02/26/2021 and assigned			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	pility company here:			
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	12472 Lake Underhill Road #523			
(Principal office address MUST BE A STREET ADDRESS)	Orlando, FL 32828			
Enter new mailing address, if applicable:	12472 Lake Underhill Road #523			
(Mailing address MAY BE A POST OFFICE BOX)	Orlando, FL 32828			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, enter the name of the new regist			
New Registered Office Address:				
	Enter Florida street address Florida			
	City , Zip Code 77			
New Registered Agent's Signature, if changing Registered Agent:	, N =			

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, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			□Change
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ective date, if other than the effective date is listed, the date must e: If the date inserted in this blowment's effective date on the De	be specific and cannot be prid ock does not meet the appli	icable statutory filing	(option ore than 90 days after figure than 90 days after figure ments, this continues the second of the second or the second of the second or	iling.) Pursuant to	605.020 listed a
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cord specifies a delayed effective s filed.	date, but not an effective	time, at 12:01 a.m. o	on the earlier of: (b)	The 90th day	after the
, March 18	2021			22	المراجعة ( المراجعة (
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