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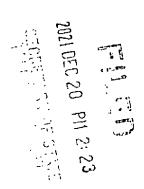
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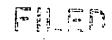
Tallahassee, FL 32314

	Registration Sec Division of Corp			
CUBIC		STUDIO LLC	•	
SUBJEC	1:	Name of Lim	nited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclo	osed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please ret	turn all correspoi	ndence concerning this matter	to the following:	
		Sebastian Jimenez		
			Name of Person	
		LED LIVE STUDIO LLC		
			Firm/Company	
	2920 S FALKENBURG RD Address			
			Address	
		RIVERVIEW, FL 33578		
			City/State and Zip Code	
		SEBASTIAN@LEDLIVES	TUDIO.COM to be used for future annual report	
For furthe	er information co	oncerning this matter, please c	·	nottile action (
SEBAST	IAN JIMENEZ		813 3353861	
	Name of	Person	at () Area Code Day	ytime Telephone Number
Enclosed	is a check for the	e following amount:		
■ \$25.0	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)
	<u>Mailing Address</u> Registration S		Street Address Registration	<del></del>
ı	Division of Co	orporations	Division of (	Corporations
]	P.O. Box 6323	7	The Centre of	of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



LED LIVE STUDIO LLC

2021 DEC 20 PM 2: 23

(Name of the Limited Liability Company as it now appears on our records RET) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{03/08/2021}{1}$ \_\_\_\_\_ and assigned Florida document number \_\_\_\_\_121000111401 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited 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 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City 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
MGR	ERICK R SALGADO	10051 BAYWATER BREEZE DRORLAN	
			Remove
		·***	□ Change
			□Add
			□Remove
			□Change
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f an effi <u>Note:</u>	ive date, if other than the date of filing:
recore d is fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
	12/17/2021
Dated	
Dated <sub>.</sub>	144944
Dated	Signature of a member or authorized representative of a member