1/11/2023 22:58:20 CST 1/10/25, 12:03 FM

Division of Corporations



## (((H230000121933)))



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TO:

Division of Corporations Fax Number : (850)617-6383

From:

Account Name	:	INCFILE.COM LLC
Account Number	:	120220000070
Phone	:	(888)462-3453
Fax Number	:	(877)919-2613

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## COVER LETTER

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TO: • Registration Se Division of Co		· · ·	6 Î
er (d. 120°r.		ARCH STUDIO LLC	
SUBJECT:	Name of Lin	ited Liability Company	•
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	undence concerning this matter	to the following:	
	LOVETTE DOBSON		
	<u></u>	Name of Person	
	<del></del>	Firm/Company	
	17350 STATE HWY 249 :	STE 220	
		Address	
	HOUSTON, TX 77064		
	EFILE1234@1NCFILE.CO E-mail address_(	City/State and Zip Code M to be used for future annual report pot	itication)
For further information c	oncerning this matter, please c	all:	
LOVETTE DOBSON		i 888-462-34	53
Name o	of Person	at () Atea Code Daytin	ne Telephone Number
Enclosed is a check for th	he following amount:		
■ \$25.00 Filing Fee	C) \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration		<u>Street Address:</u> Registration Se	ection
Division of C		Division of Co	
P.O. Box 632		The Centre of	
Tallahassee.	FL 32314	2415 N. Monre Tallahassee, FI	be Street, Suite 810

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## ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION** OF

PACIFIC ARCH STUDIO LLC		
(Name of the Limited Liability Company as it now appea (A Florida Limited Liability Company)	irs on our records.)	
The Articles of Organization for this Limited Liability Company were filed on	03/15/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liability company h</u>	<u>ere</u> :	
The new name must be distinguishable and contain the words "Lunited Liability Company," the	designation "LLC" or the abb	restation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		2023 AN
B. If amending the registered agent and/or registered office address on our a agent and/or the new registered office address here:	records, <u>enter the name</u>	of the-new Fegister
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:		
Enter Flo	vida street address	
	, Florida	
Cuy		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: (((H23000012193 3))) MGR = Manager AMBR = Authorized Member Title Name Address Type of Action AMBR KHUSANKHUJA SAIDVALIEV 2454 FULTON ST. APT 202, SAN FRANCISCO, CA 94118 □ Remove AMBR. SHERZOD MAKHMUDOV 13957 OSPREY LINKS RD APT 99 \_\_\_ ⊡Add ORLANDO, FL 32837 \_\_\_\_\_ ERemove Change □Add \_\_\_\_\_ 🖾 Remove \_\_\_\_\_ 「Change \_\_\_\_ □ Add \_\_\_\_\_ Change ⊡Add \_\_\_\_\_ URemove \_\_\_\_ ⊟Add \_\_\_\_\_ 🗆 Change (((H23000012193 3)))

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Effective date, if other (If an effective date is listed, if	than the date of filing	[		(optional)	
(If an effective date is listed, if Note: If the data measured	te date must be specific and	connot be prior to date of	filing or more than 90 da	ys alter filing.) Pursuant	то 605,0207 (3
<ul> <li><u>Note:</u> If the date inserted document's effective date</li> </ul>	t on the Department of S	tate's records.	nory ming requirement	ns, this date whi not i	or listed as tr
a rapord on adding a datum					
ne record specifies a delaye ord is filed.	o effective date, but not	an effective time, at 12	101 a.m. on the earlier	' of: (b) The 90th da	y after the
Dated		2023			
Dated	······································	·			
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