Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000177672 3)))



H210001776723ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone

: (323)962-8600

Fax Number

: (323)962-3889

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

Email Address:\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ASTRO DURANCE BUNGEE STUDIOS OF FT MYERS LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu

Help

#### **COVER LETTER**

TO: Registration Sc Division of Cor	ection porations		
ASTRO D	URANCE BUNGEE STUDIOS	OF FT MYERS LLC	
SUBJECT:	<del></del>		
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspond	ondence concerning this matter to	o the following:	
	Cheyenne Moseley		
	SE 202		
	2021 MAY -3 SECRETARY TALLAMA		
Firm/Company		<b>三</b>	
101 N Brand Blvd 11th Fl		B PH 4: 47	
Address Glendale, CA 91203		TOS F:	
		City/State and Zip Code	
	chrismor220@gmail.com		
	E-mail address: (to	o be used for future annual report notific	ration)
For further information	concerning this matter, please ca	II:	
Cheyenne Moseley		800 773-0888 at ()	
Name	of Person	Area Code Daytime	Felephone Number
Enclosed is a check for	the following amount:		
□ \$25,00 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)

MAILING ADDRESS:

Page: 3 of 6

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 To: 18506176383

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

ASTRO DURANCE BUNGEE STUDIOS OF FT MY	TERS LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it new appears on our records.) .nability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000135197</u>	were filed on 03/23/2021 and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lin Company" the designation "L.L.C."		
The new name must be distinguishable and contain the words "Limited Liabs"  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	9918 GULF COAST MAIN ST, UNIT B135		
	FT MYERS FL 33913		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	9918 GULF COAST MAIN ST, UNIT B135 FT MYERS FL 33913		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	office address on our records, enter the name of the new		
New Registered Office Address:	Enter Florida struct address		
	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

Page: 5 of 6

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	CHRISTINA M MCCOLLUM	9918 GULF COAST MAIN ST, UNIT B135 FT MYERS FL 33913	
			Remove
			Change
MGR	BRYAN G BRATTEN	9918 GULF COAST MAIN ST, UNIT B135 MYERS FL 33913	🖸 Add
			□ Remove
			B Change
			20 Add 021
			Remove
		₹₹ <b>7</b>	R R D
			Remove
			☐ Change
			🗆 Add
<u></u>			🗆 Remove
			☐ Clunge
			D Add
			Remove
			D Change

Signature of a member or authorized representative of a member **BRYAN G BRATTEN** Typed or printed name of signce

Page 3 of 3

Filing Fee: \$25.00