



Office Use Only





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COVER LETTER

Division of Corporation	ons		
SUBJECT: Agains	Name of Limited	45 Studio, LLO d Liability Company	, ———,
The enclosed Articles of Amend	ment and fee(s) are submi	itted for filing.	
Please return all correspondence	concerning this matter to	the following:	
	Vincent	Gill Name of Person	
V	Against	A 11 Odds Stud	io, LLC
	1328 Cer	rulean Dr. A	pt 102
	Rivervieu	JEL 3357 City/State and Zip Code	88
<u></u>	Vincent.	Gill. VG egm be used for future annual report Mifical	iail.com
For further information concern	ing this matter, please call	:	
Vincent Name of Person	Gill	at (813) 317 - 6 Area Code Daytime Te	4007 Elephone Number
Enclosed is a check for the follo	wing amount:		
\$25.00 Filing Fee	S30.00 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)

TO:

Registration Section

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Against All Odds Studio, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The first of the second of the	iy were fried on	7-11 802	\cdot and ass	signed
The Articles of Organization for this Limited Liability Compar	12 L21	000180	203	2
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia		:		
N-Vince-ble	Cutz	LLC		1.622
The new name must be distinguishable and contain the words "Limited Lia	bility Company, the design	gnation "LLC" or the abi	breviation "L	.IC.
Enter new principal offices address, if applicable:	 			···
(Principal office address MUST BE A STREET ADDRESS)				
			וני: מיינ	<u>. </u>
			27	
Enter new mailing address, if applicable:			<u> </u>	7:
(Mailing address MAY BE A POST OFFICE BOX)			င့ာ	;
			. 22	
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here: Name of New Registered Agent:	e address on our reco	ords, <u>enter the nam</u>	· 12	w registered
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:			· 12	w registered
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here: Name of New Registered Agent:		street address	e of the ne	
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here: Name of New Registered Agent:			e of the ne	
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here: Name of New Registered Agent:	Enter Florida City	street address	e of the ne	

If Changing Registered Agent, Signature of New Registered Agent

If amending Asthorized 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
			□Add
			Remove
			□Change
			□ Add
		.	□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			Remove
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		· · ·	□Change
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			□Remove
			□Change

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an effective d lote: If the o	ate is listed, the date late inserted in th	the date of filing the must be specific and the block does not the Department of	nd cannot be pric t meet the appli	cable statutory	or more than 90 da		
record speci is filed.	fies a delayed effi	ective date, but no	ot an effective	time, at 12:01 a	.m. on the earlie	er of: (b) The 90	th day after the
_	-21-5	2024	_,	·			
ated			1.	1			
ated		Signature of	a member or aud	Centrorized appresent	Mile of a member		