L21000204544

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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07/10/24--01010--018 **25.00



JUL 22 2024 K. Brumble

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLACKBELL ORCHIDS LLC		
(Name of the Limited Liabil (A Florid	lity Company as it now appears on our record la Limited Liability Company)	5.)
The Articles of Organization for this Limited Liability C	Company were filed on 5/3/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
MICHAEL GRAY STUDIO LLC		
The new name must be distinguishable and contain the words "Lim	nited 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 ADDI	PECC)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere	ed office address on our records, enter	the name of the new registere:
agent and/or the new registered office address here:	en office and cost off office to the second	The Halle of the new registerer
		2024
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	.
	•	orida TEL CO
	City	اری کا تا

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 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>	Name	Address	Type of Action
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
			□ Add
			□ Remove
		<u> </u>	□Change
		□Add	
		□Remove	
	<u> </u>	□Change	
	.	□Add	
		□Remove	
		□Change	
			□Add
			□Remove
			□ Change

). If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effe Note:	ve date, if other than the date of filing: (optional) ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
the record	I 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 ed.
Dated]	JUNE 24 / 2024
	Signature of a member or authorized representative of a member MICHAEL GRAY

Typed or printed name of signee