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Registration Section

P.O. Box 6327

Tallahassee, FL 32314

TO:

Division of Co	orporations ————————————————————————————————————
	Studios, LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Articles o	f Amendment and fee(s) are submitted for filing.
Please return all corresp	condence concerning this matter to the following:
	Gianelle Gelpi
	Name of Person
	La Selva Art Studios, LLC Firm/Company
	Firm/Company
	725 NW 31st Place
	Address Miles
	Gainesville, Fl, 32609 Address Address Address Address
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further information (concerning this matter, please call:
Gianelle Gelpi	407 451-9107 at ()
Name (of Person Area Code Daytime Telephone Number
Enclosed is a check for t	the following amount:
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration	
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Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

La Selva Studios, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{06/24/2021}{1}$ and assigned Florida document number <u>L21000241856</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: La Selva Art Studios, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the above lating "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

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>	<u>Name</u>	Address	Type of Action
MGR	Melissa DeFabrizio	1632 Bombi Circle	□Add
		Winter Park, FL, 32792	■Remove
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