121000263707

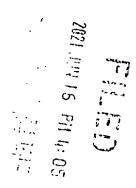
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700367656457

06/16/21--01009--027 **60.00



1

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:	Modus	STUDIOS LLC			
		nited Liability Company	···		
	Amendment and fee(s) are sub ondence concerning this matter	•			
	CAR	COS A. YARBOR	<u>-</u>		
		Firm/Company	LLC	2021	
	120 SALAMANCA	AUE ZB Address	· · · · · · · · · · · · · · · · · · ·	2021 JUN 16 PH 4: 05	
	CORAL GABL	ES FL, 33134 City/State and Zip Code		6 PH 4:0	
		d 6) domus modus. C	fication)	ഗ	
For further information of	concerning this matter, please c	all:			
CARCOS A. Name o	YARGGR of Person	at (<u>917</u>) <u>767</u> Area Code Daytim	2 8 35 ne Telephone Number	_	
Enclosed is a check for t	he following amount:				
□ \$25.00 Filing Fee & Certificate of Status		☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addres	Section	<u>Street Address:</u> Registration Se			
Division of C P.O. Box 632	•	Division of Cor The Centre of T	•		
Tallahassee, FL 32314		2415 N. Monro	e Street, Suite 810		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Moons stur					
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)				
The Articles of Organization for this Limited Liability Company Florida document number <u>L2\000 263707</u> . This amendment is submitted to amend the following:	were filed on JUNE 7, ZOZI and assigned				
_	4164				
A. If amending name, enter the new name of the limited liab					
The new name must be distinguishable and contain the words "Limited Liabil	Little Company "the designation "LLC" as the abbreviation "LLC"				
The new name must be distinguishable and contain the words. Entitled Flabil					
Enter new principal offices address, if applicable:	120 SACAMAPCA AVE				
(Principal office address MUST BE A STREET ADDRESS)	CORAL GABLES, FL 33134 13				
	CORAL GABLÉS, FL 33134= 11				
	0				
Enter new mailing address, if applicable:	120 SACAMANCA AVE = 31				
(Mailing address MAY BE A POST OFFICE BOX)	120 SALAMANCA AVE TO TOTAL CORAL GABLES, FL 33134				
	CORAL GABLES, FL 33139				
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:					
	Enter Florida street address				
	, Florida				
	City Zip Code				
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agreprovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pleing filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is				

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□ Change
			□Add
			☐ Chāṇḡe
	<u> </u>		Add
			☐ Add
 			
			□ Remove
			□Change
		-	□Add
			□Remove
		<u> </u>	☐Change
		-	□ Add
			□ Remove
			□Change

				_			
	-			<u> </u>			
	 .						
						<u>~</u>	
						121	_,
							*
							(s. 9. 3
						<u>7</u> 6	
							<u></u> /
		_			- ,		
					•	Q1	
		<u></u>					
				<u> </u>			
	_						
	.T	-n 2.	02 l	, ,	15		
Tective date, if other than the date of filing in effective date is listed, the date must be specific and	g: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			(optic 90 days after	o nat) tiling.) Pi	ırsuant	to 605.02
te: If the date inserted in this block does not t	neet the applic	able statutor					
cument's effective date on the Department of S	State's records.	•					
	. or .	12.01		U 6.71	YEL O	0.1 1	6 4
ecord specifies a delayed effective date, but not is filed.	can effective ti	me, at 12:01	a.m. on the e	ariier oi: (b) the 9	oth day	y after ti
ted	•	 ·					
ted	,	. 1					
001	member or fauth	4					