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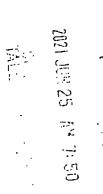
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COVER LETTER

TO: Registration S Division of Co					
studio ava	nti,lle				
	Name of Lin	ited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Alberto Velilla				
	· · · · · · · · · · · · · · · · · · ·	Name of Person			
	STUDIO AVANTI, LLC				
		Firm/Company			
	3550 NW 49 ST				
		Address			
	MIAMI, FL. 33142				
		City/State and Zip Code			
	empresas@globalgbi.com				
	E-mail address: (to be used for future annual report no	tification)		
For further information	concerning this matter, please ca	all:		202	
Victor Parra		1 786288995	3	2021 JUE 25	
Name	of Person	at () Area Code Daytii	me Telephone Number	-	
Enclosed is a check for t	the following amount:				
☐ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STUDIO AVANTI, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Or Wilds Blanked Blashing Wangaray				
The Articles of Organization for this Limited Liability Company were filed on E21000271809	ORIDA	ar	nd assig	gned
Florida document number L21000271809				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability company he	<u>re</u> :			
The new name must be distinguishable and contain the words "Limited Liability Company," the de-	rsignation "LLC" or the a	bbreviati	on "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)				~
				1
B. If amending the registered agent and/or registered office address on our re	cords, <u>enter the nan</u>	ne of th	е <u>'Яв</u> е́w 1	registerec
agent and/or the new registered office address here:		5 -	21.	r y %
		(- - ,		
Name of New Registered Agent:		:	22	
	·	.1,		: 7
New Registered Office Address:	 	· · ·	17	
Enter Flori	da street address		1	Sept.
	, Florida	1	50	
City		Zip (lode -	

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

<u>Title</u>	Name	Address	Type of Action
MGR	ALBERTO VELILLA	3550 NW 49 ST, MIAMI FL. 33142	= Add
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			□ Change
			🗀 Add
			□Remove
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ive 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list	effective date is listed, \mathbf{g} . If the date inserte	he date must be spec I in this block doe	of filing: cific and cannot es not meet the	t be prior to da e applicable	te of filing or me statutory filing	ire than 90 days :	dier filing V	Pursuant	. C
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Filing Fee: \$25.00