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(Re	questor's Name)	
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(Do	cument Number)	
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Youandity Studios LLC Name of Limited Liability Company	
Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Aaren Sirak Name of Person	
Sirak Studios LLC Firm/Company	
2219 Nw 28th Street	2021 JUL 23 PH 2: 07 SEGRETARY OF STATE
Miami, FL 33142 City/State and Zin Code	3 PM 2:
E-mail address: (to be used for future annual report noti	FAIE O
For further information concerning this matter, please call:	,
A aren Sirak at (404) 275 - Name of Person Area Code Daytim	e Telephone Number
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee □ \$30.00 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 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

Youandity Studi	ios LLC	
(Name of the Limited Liability (A Florida	y <u>Company as it now appears on our records.</u>) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co. Florida document number 30036 \$310 8 63 This amendment is submitted to amend the following:	ompany were filed on 15 June 2021 and assigned	
<u>-</u>		
A. If amending name, enter the new name of the limit		
The new name must be distinguishable and contain the words "Limit	ted 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 ADDRESSED ASTREET ASTREET ADDRESSED ASTREET ADDRESSED ASTREET ASTREET ADDRESSED ASTREET ASTR	ESSS) ESSS) ESSS) ESSS)	
B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent:	office address on our records, <u>enter the name of the new registered</u>	
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 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
			□Add
			□Remove
			Change
			
			Sa Remove
			SI Remove SI CSELTA IN SSEE STATE Remove R
			☐ Remove
			□Add
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