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(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.		
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COVER LETTER

Division of Cor			
Nodal Crea	itive Studio LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Juan Pablo Entrialgo Vega		
		Name of Person	
	Nodal Creative Studio LLC Firm/Company 14991 SW 92nd Ter Address Miami.Fl 33196 City/State and Zip Code jpdecristo2@gmail.com E-mail address: (to be used for future annual report notification) further information concerning this matter, please call: n Pablo Entrialgo 786 Area Code Daytime Telephone Number Plosed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy Certified Copy		
		Firm/Company	elephone Number S60.00 Filing Fee, Certificate of Status &
	14991 SW 92nd Ter	Name of Limited Liability Company Indianal Action of Person Nodal Creative Studio LLC Firm/Company Address Miami,F1 33196 City/State and Zip Code decristo2@gmail.com E-mail address: (to be used for future annual report notification) Indianal Action of Status Table Action of Status Securificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
	Miami,Fl 33196		
		City/State and Zip Code	
		to be used for future annual report natif	ication)
For further information c			(Canada)
	,		
			T.A. da and Name has
Name o	of Person	Area Code Daytime	Tesephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
<u>Mailing Addres</u> Registration		Street Address: Registration Sec	tion

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

ited Liability Compa (A Florida Limited	iny as it now appears on our re Liability Company)	cords.)		
Liability Company	were filed on 07/30/2021		_ and as	signed
·				
llowing:				
of the limited liab	ility company here:			
words "Limited Liabi	lity Company," the designation	'LLC" or the abbre	viation "I	L.C."
Enter new principal offices address, if applicable:			~ .	
	Miami, FL 33196	/ T / T	023	
(Principal office address MUST BE A STREET ADDRESS)			SEP	لل
			20	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		100	<u> </u>	m
		<u> </u>	 -	D
		7.2	_ _	
ess here:		nter the name o	_~~	w regis
Juan rabio midiargo vega				
14991 SW 92m				
Miami		, Florida <u></u>	71C.1.	
	City		Zip Code	
	Liability Company Illowing: of the limited liab words "Limited Liabi icable: ET ADDRESS) registered office ess here: Juan Pablo Ent	Liability Company were filed on 07/30/2021 Howing: of the limited liability company here: words "Limited Liability Company," the designation iteable: 14091 SW 92nd Ter Miami, FL 33196 14991 SW 92nd Ter Miami, FL 33196 registered office address on our records, eness here: Juan Pablo Entrialgo Vega 14991 SW 92nd Ter Enter Florida street ad Miami	Illowing: of the limited liability company here: words "Limited Liability Company," the designation "LLC" or the abbre lieable: ET ADDRESS) 14991 SW 92nd Ter 14991 SW 92nd Ter 14991 SW 92nd Ter Miami, FL 33196 77 32 32 32 32 32 32 32 32 32 32 32 32 32	Liability Company were filed on 67/30/2021 and as fillowing: of the limited liability company here: words "Limited Liability Company," the designation "LLC" or the abbreviation "Licable: 14991 SW 92nd Ter Wiami, FL 33196 14991 SW 92nd Ter 1500 SW 92nd Ter 1500 SW 92nd Ter 1500 SW 92nd Ter 1500 SW 92nd Ter 1600 SW 92nd Ter 1600 SW 92nd Ter 1700

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>	<u>Name</u>	Address	Type of Action
MGR	Erick Pena Chaviano	20984 UPTOWN AVE UNIT 10	□Add
		BOCA RATON, FL 33428 UN	■Remove
			□Change
MGR	Juan Pablo Entrialgo Voga	14991 SW 92nd Ter	□Add
		33196 Miami, FL	□Remove
			■ Change
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07/28/2023		:27 PM				
record specifies a delayed effective is filed.	date, but not an e	ffective time, at	12:01 a.m. on th	e carlier of: (b)	The 90th day at	fter the
in effective date is listed, the date must ote: If the date inserted in this bloomingment's effective date on the De	he specific and cann ck does not meet t	he applicable si	of filing or more th atutory filing req	an 90 days after fi uirements, this c	ling.) Pursuant to 6 late will not be l	605.0207 isted as
fective date, if other than the c	late of filing:			(optior	ial)	
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Filing Fee: \$25.00