Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000457925 3)))



H210004579253ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone

: (307)200-2803

Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:		 	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **GAZELLE STUDIOS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

DEC 1 7 2021

S. PRATHER

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

GAZELLE STUDIOS LLC

ARTICLES OF AM	IENDMENT	
TO ARTICLES OF ORC OF	GANIZATION	MA OEC 16 PH 3: 01
GAZELLE STUDIOS LLC		\$55 6 G
(Name of the Limited Liability Company as (A Florida Limited Liabili	it now appears on our records.) ity Company)	· · · · · · · · · · · · · · · · · · ·
The Articles of Organization for this Limited Liability Company were Florida document number L21000355120	e filed on 08/06/21	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	company here:	
The new name must be distinguishable and contain the words "Limited Liability Co	ompany," the designation "LLC" o	or the abbreviation "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	ess on our records enter th	ne name of the new registered
agent and/or the new registered office address here:	ess on our records, <u>emer a</u>	ic name we can be a constant
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Flor	i da
	City	rida Zip Code
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree to	o act in this capacity. I furt	her agree to comply with the
provisions of all statutes relative to the proper and complete perpaccept the obligations of my position as registered agent as provibeing filed to merely reflect a change in the registered office additionable company has been notified in writing of this change.	formance of my duties, and ided for in Chapter 605, F.	H am familiar with and .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
AMBR	Rochelle Eno	7901 4TH ST N STE 300	% Add
		ST. PETERSBURG, FL 33702	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
sir			□Add
			Remove
			🗆 Change
			🗆 Add
			Remove
			□Change
 			□Add
			□Remove
			□Change

D. If amending any other info	mation, enter change(s) here: (Attach additional she	ets, if necessary.)
-		
		
		
<u></u>		
		
Note: If the date inserted in th	the date of filing:	(optional) 00 days after filing.) Pursuant to 605,0207 (3)(b) ements, this date will not be listed as the
If the record specifies a delayed effi record is filed.	ective date, but not an effective time, at 12:01 a.m. on the ca	arlier of: (b) The 90th day after the
_{Dated} 12/16	<u>202</u> 1	2021 DEC 16 PM SELATIANY OF S TALLAHASSEE, FL
More	- John	IC 16 P
	Signature of a member or authorized representative of a men	PH C
<u>Morgan N</u>	ODIC Typed or printed name of signer	3: 0

Filing Fee: \$25.00