h21000362341

(Requestor's Name) (Address)	900371631949
(Address)	
(City/State/Zip/Phone #)	
(Business Entity Name)	08/19/2101010027 **25.00
(Document Number)	
Certified Copies Certificates of Status	ි -
Special Instructions to Filing Officer:	· · · · · · · · · · · · · · · · · · ·
Office Use Only 5-C. 5.8/30121	

COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Section Division of Corporations		
SUBJECT: Studio 31 L	LLC.	
National Nat	ame of Limited Liability Company	
The enclosed Articles of Amendment and fee(s	s) are submitted for filing.	
Please return all correspondence concerning th	nis matter to the following:	
Anna	Abell Martinez	
	Firm/Company	
2950	Janiam, Trail N. Ste 200	
Naple	SFL 34103 City/State and Zip Code	
E-rhalf	raddress: (to be used for future annual report notification)	
For further information concerning this matter,	; please call:	()
Annabell Mactic	at (25) 2315488 Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:		· 7 3
\$25.00 Filing Fee S30.00 Filing F Certificate of	fee & S55.00 Filing Fee & S60.00 Filing Ecc.	<u> </u>
Mailing Address: Registration Section	Street Address: Registration Section	
Division of Corporations	Division of Corporations	
P O Boy 6327	The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

21

Studio 31 LLC			
(Name of the Limited Liability Company as it now appears on our re (A Florida Limited Liability Company)	cords,)		
The Articles of Organization for this Limited Liability Company were filed on 8 12	21	and ass	igned
Florida document number <u>L 21000362341</u>			
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 Company," the designation "	I I C ^m os the el	heaviotion "I	1.0"
	T.T.C. Of the ar	Joreviation L.	1
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 on our records, en	iter the nan	ne of the nev	v registered
agent and/or the new registered office address here:	ر۱.		· registered
			()
Name of New Registered Agent:			<u>. </u>
New Registered Office Address:			•
Enter Florida street ac	idress		
	. Florida		7
City	, Florida	Žip 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, provisions of all statutes relative to the proper and complete performance of my duties accept the obligations of my position as registered agent as provided for in Chapter 6.	s, and I am	familiar wit	h and

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>	Name	Address	Type of Action
AMBR	Annabell Martinez	2950 Tamian. Trail NS	-e218 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
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ective date, if other than the date of filing: _		(0	ptional)	
n effective date is listed, the date must be specific and can te: If the date inserted in this block does not meet cument's effective date on the Department of State	the applicable statut	ling or more than 90 days a	ifter filing.) Pursuant to	
				1
ecord specifies a delayed effective date, but not an is filed.	effective time, at 12:	01 a.m. on the earlier of	: (b) The 90th day a	ifter the
				``
ted 8 16	2021			
/	Marko	1:		
LA MULLE	iber or authorized repre	sentative of a member		-