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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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ALLAHASSEE, FLOR

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COVER LETTER

	Registration Se Division of Cor			
e110 1cm	DOUBLEY	OU STUDIOS LLC		
SUBJEC	1:	Name of Lim	ited Liability Company	
The enclo	sed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please reti	urn all correspo	ndence concerning this matter	to the following:	
		DUSTIN J PARKMAN		
			Name of Person	
		DOUBLEYOU STUDIOS	SLLC	
			Firm/Company	
		220 SUMMERWOOD DR	RIVE	
			Address	
		PANAMA CITY BEACH, FL 32413		
			City/State and Zip Code	
		dustin@nbiproperties.com		
			to be used for future annual report notification)	
For furthe	r information co	oncerning this matter, please co	all:	
DUSTIN	J PARKMAN		850 218-8408	
	Name of	Person	at ()	
	is a check for th	e following amount:		
S \$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	e of Status &
ŀ	Hailing Addres Registration S	Section	Street Address: Registration Section	
	Division of C P.O. Box 632		Division of Corporations	
	7.O. Box 652 Fallahassee, 1		The Centre of Tallahassee 2415 N. Monroe Street, Suite 8	10

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 0 21 51112:36

DOUBLEYOU STUDIOS, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Jability Company)	
The Articles of Organization for this Limited Liability Company florida document number L21000371369	were tiled on <u>08/18/2021</u>	and assigned
This amendment is submitted to amend the following:		
x. If amending name, enter the new name of the limited liab	ility company here:	
CWP Studios LLC		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" (or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered office	iddress on our records, <u>enter th</u>	ie name of the new regis
gent and/or the new registered office address here:		
Name of New Registered Agent:		
Name of New Negistered Agent.		
New Registered Office Address:	Enter Florida street address	
	Emer v ioriaa sireet aadress	
		ida Zip Code
	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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
			□ Add
			□Remove
			□Change
			🗆 Add
			□Remove
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			🗆 Add
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f an effec <u>Note:</u> H	tive 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 605.0207 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as it's effective date on the Department of State's records.
e record rd is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the l.
Dated _	Meilion.
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00