L21000371596

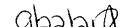
| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| ertified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

Registration Section

Division of Corporations

TO:

| MAZ STUI SUBJECT: | DIO LËC | | |
|--|--|--|---|
| SUBJECT: | Name of Lin | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please return all correspo | ndence concerning this matter | to the following: | |
| | ADRIANA MAZARIEGO | os | |
| | _ | Name of Person | |
| | | Firm/Company | |
| | 458 NW 80TH STREET | | |
| | | Address | |
| | MIAMI, FL 33150 | | |
| | | City/State and Zip Code | |
| | HELLO@ADRIANAMAZ | | |
| | E-mail address: (| to be used for future annual report noti | lication) |
| For further information co | oncerning this matter, please c | all: | |
| ADRIANA MAZARIEC | GOS | 305 793-2773 at () | |
| Name of | Person | Area Code Daytim | e Telephone Number |
| Enclosed is a check for th | ne 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 S Division of C P.O. Box 632 Tallahassee, F | Section orporations 7 | Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro | porations |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAZ STUDIO LLC

New Registered Agent's Signature, if changing Registered Agent:

| (Name of the Limited Liability Company (A Florida Limited Lia | as it now appears on our records.) | |
|---|---|-------------------------|
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| The Articles of Organization for this Limited Liability Company w | ere filed on 8/18/2021 | and assigned |
| Florida document number L21000371596 | | |
| | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liability | ty company here: | |
| STUDIO MAZ, LLC | | |
| The new name must be distinguishable and contain the words "Limited Liability | Company," the designation "LLC" or the ab | previation "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 ad | dware on our resords, entar the nom- | o of the new registered |
| agent and/or the new registered office address here: | dress on our records, enter the name | e of the new registered |
| | | |
| Name of New Registered Agent: | | |
| Name of New Registered Agent. | | |
| New Registered Office Address: | | |
| | Enter Florida street address | <u></u> ٠ |
| | , Florida | 4.* 1.* |
| - | City | Zip Code |
| | | <i>_,</i> • |

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 |
|--------------|-------------|-------------|----------------|
| | | | □Add |
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| Effective date, if other than the date of filing: (optional) (aptional) (aptional) (aptional) (but an effective 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 More: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The effective date are delayed effective date, but not an effective time, at 12:91 a.m. on the earlier of: (b) The 90th day after the relation of the earlier of the ear | | |
|--|--------------|---|
| Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 99 days after filing.) Pursuant to 605 0207 Nate: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The record 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 distilled. SEPTEMBER 7 2021 Signature a member or authorized representative of a member | | |
| Effective date, if other than the date of filing: | | |
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| | Dated SEPT | EMBER 7 2021 . |
| | _ | |
| ADRIANA MAZARIEGOS | | signature of a member or authorized representative of a member |
| | Α | DRIANA MAZARIEGOS |

Filing Fee: \$25.00