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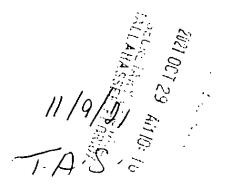
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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10/29/21--01019--020 **25.00



COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	ABREGAT D	ESILW STUDIO L	LC
SUBJECT:		ited Liability Company	
The enclosed Articles of A	amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	hours	HAMA WAT	
		Name of Person	
	FABREBAT	DUSIDU STUDIO Firm/Company	UC
	1	Firm/Company	
	anne sul la	Chellen 1117 hour to be	~G
	Occorrange N	AUDNUE APT DAG	
	_		
	MIAMI-TL	City/State and Zip Code	
	FARREGATO	ESWECTUDIO & GN to be used for future annual report noti	MAL COM
			ucation)
For further information co	ncerning this matter, please co	all:	
Long to	LD-DHIAT	386 FOL	2015
Name of	Person	at (786) 506 ·	e Telephone Number
•			
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee.
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Address:	
Registration Se	ection	Registration Sec	
Division of Co		Division of Cor	
P.O. Box 6327		The Centre of T	ananassee

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FABRE6AT	DESING STUDIO	116		-	
(Name of the Limited	Liability Company as it now appears on Florida Limited Liability Company)	our records.)			
The Articles of Organization for this Limited Liab	oility Company were filed on	107/2021	and a	ıssignec	ı L
Florida document number <u>レ2\0003966</u>	<u>. 76 </u>	•			
This amendment is submitted to amend the follow	ring:				
A. If amending name, enter the new name of the	he limited liability company here:				
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the design	nation "LLC" or the abb	reviation '	1L.C."	_
Enter new principal offices address, if applicab	ole:				
(Principal office address MUST BE A STREET)	ADDRESS)			<u> </u>	
			72	li 21	
				<u>130</u>	_
Enter new mailing address, if applicable:			25.5 25.5 25.5	29	;
(Mailing address MAY BE A POST OFFICE BO	OX) .		.	A>	Ţ
				<u> </u>	ī
B. If amending the registered agent and/or reg		ds, <u>enter the name</u>	of the n	-	istered
and the new registers of the state of					
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida s	treet address			
		Florida			
	City		Zip Cod	e.	

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, 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
MBP	JOPHE FARREGAT	8006 GW 149 AVENUE, APT.	Add
	`	8006 GW 149 AVENUE, APT. DIOS MIAMI-FL. 33193	□Remove
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Filing Fee: \$25.00