121000 403191

(R	lequestor's Name)	
(A	ddress)	
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(C	City/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Nam	ee)
(0	Ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	o Filing Officer:	
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09/29/21--01008--010 **25.00

SECRETARY OF STATE

COVER LETTER

TO:	Registration Sec Division of Corp			
oun ir		ons Studio LLC		
SUBJE	CI:	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please r	return all correspon	ndence concerning this matter	to the following:	
		Crystal M. Poncet		
			Name of Person	
			Firm/Company	
		2949 SE Buccaneer Cir		
			Address	
		Port Saint Lucie FL 349	952	
			City/State and Zip Code	
		cristalvisionstudio@gmail.c E-mail address: (to be used for future annual report notification)	
For furt	her information co	oncerning this matter, please ca	all:	
Crystal	M. Poncet		772 812-1198	
	Name of	Person	Area Code Daytime Telephone Number	
Enclose	d is a check for th	e following amount:		
■ \$ 25	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	te of Status &
	Mailing Address Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 8 Tallahassee, FL 32303	10

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited I Florida document number L21000403181	Liability Company were filed on 9/	24/2021 and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability company h	ere:
The new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	<i>σ</i> 2
·		021 SEP 29 SECRETATION
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE	ROY	9 J
Manag and ess MAT DE MAYOUT OF A TELE		5. S.
3. If amending the registered agent and/or agent and/or the new registered office address.	•	records, enter the name of the new registe
Name of New Registered Agent:	Crystal M. Poncet	
New Registered Office Address:	2949 se Buccaneer Circle	
	Enter Flo	rida street address
	Port Saint Lucie	, Florida 34952
	City	Zip Code

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

Cristal Visions Studio LLC

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.

f 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
MGR	Crystal M. Poncet	2949 SE Buccaneer Circle	= Add
		Port saint lucie FL 34952	□Remove
CEO	rystal m poncet c	2949 se buccaneer circle	□Add
		port st lucie fl 34952 un	≣Remove
			□Change
			
			□Remove
			☐ Change
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□ Remove
			☐ Change

I would like to add my EIN#	87-2620245	
Please help me correct my info	rmation	
	 	
	·	
		
	9/10/2021	•
ive date, if other than the determist be	ate of filing:	(optional) or more than 90 days after filing.) Pursuant to 605
	k does not meet the applicable statutory	filing requirements, this date will not be liste
ent's circuite date on the Exp	artificity of state 5 records.	
d specifies a delayed effective of	date, but not an effective time, at 12:01 a	m. on the earlier of: (b) The 90th day after
ed.		· · · · · · · · · · · · · · · · · · ·
Sept. 10th	2021	
<u> </u>		
(Kuthat	M. Hamost	
	ignature of a member or authorized representa	

Date of this notice: 09-14-2021

Employer Identification Number:

87-2620245

Form: SS-4

Number of this notice: CP 575 G

CRISTAL VISIONS STUDIO LLC CRYSTAL M PONCET SOLE MBR 2949 SOUTHEAST BUCCANEER CIRCLE PORT ST LUCIE, FL 34952

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 87-2620245. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- Use this EIN and your name exactly as they appear at the top of this notice on all
 your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is CRIS. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.