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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Cor	porations			
		IGN STUDIO LLC			
SUBJECT:		Name of Limited Liability Company			
The enclosed	l Articles of .	Amendment and fee(s) are sub-	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		Tiana Simmonds			
			Name of Person		
		Tiana Creative			
			Firm/Company	·	
		5240 Nw 96th Ave			
			Address		
		Sunrise, Florida 33351			
			City/State and Zip Code		
		tiana@tianacreative.co			
			to be used for future annual report not	ification)	
For further is	nformation c	oncerning this matter, please ca	all:		
Tiana Simm	onds		954 8381977		
	Name o	f Person	at () Area Code Daytin	ne Telephone Number	
Enclosed is	a check for th	ne following amount:			
\$25.00 1	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)	
	iling Addres		<u>Street Address:</u> Registration Se	ection	
Registration Section Division of Corporations		Division of Corporations			
P.G	D. Box 632	7	The Centre of	Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LUSH DESIGN STUDIO LLC		
(<u>Name of the Limited Liability (</u> (A Florida Lii	Company as it now appears on our records. mited Liability Company))
The Articles of Organization for this Limited Liability Com Florida document number <u>L21000432138</u>	npany were filed on 12/20/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
TIANA CREATIVE LLC		
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 applicable: (Principal office address MUST BE A STREET ADDRES Enter new mailing address, if applicable:	<u>SSS)</u>	FILE I
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered o	office address on our records, enter the	9: 30 F. F.
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Floi	rida
***	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, 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
			□Remove
			□ Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			Remove
			□Change
		-	□ Add
			Remove
			☐ Change
			□Add
			Remove
			Change
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			Remove
			□Change
			□Add
			□ Remove
			□Change

Effective date, if other than the date of filing: December 20th, 2022					
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Filing Fee: \$25.00