121000483232

(Reque	estor's Name)	
(Addre	ss)	
(Addre	SS)	
(City/S	tate/Zip/Phone #	/
PICK-UP	WAIT	MAIL
(Busine	ess Entity Name)
(Docur	nent Number)	
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Certified Copies	Certificates o	of Status
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Special Instructions to Filin	ng Officer	

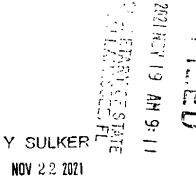
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Account#: I20000000088

Date: Novemb	per 19, 2021		
Name: KEN	HOWELL	_	
Reference #:	1526528		
		BVM STUDIO, LLC	
		ization to Transact Business	
.Amendment			
☐ Change of Ag	ent	iccii	ES? CALL
Reinstatemen	t	KEN:	:
Conversion		518-213-0	213-0738
☐ Merger			
☐ Dissolution/W	ithdrawal		
☐ Fictitious Nam	ne		
Other			
Authorized Amou	ınt: \$2 5.	.00	
	VI 3.		
Signature:			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BVM STUDIO, LLC		
(Name of the Limited Liability Comps (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L21000483232	were filed on 11/08/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited llab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company " the designation "I. I. C" or I	he abbreviation "L.C."
Enter new principal offices address, if applicable:	801 LAUREL OAK DRIVE	ne abbreviation E.E.C.
(Principal office address MUST BE A STREET ADDRESS)	SUITE 403	
	NAPLES, FL 34108	
Enter new mailing address, if applicable:	801 LAUREL OAK DRIVE	
(Mailing address MAY BE A POST OFFICE BOX)	SUITE 403	797
	NAPLES, FL 34108	
B. If amending the registered agent and/or registered office:	address on our records, enter the	name of the new registere
agent and/or the new registered office address here:		
Name of New Registered Agent:	·	130 9 <u>1</u>
New Registered Office Address:	C. Cl. :	
	Enter Florida street address	
 	, Florida	Zip Code
	City	zip Coue

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 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	MARK BALASA	801 LAUREL OAK DRIVE	
		SUITE 403	□Remove
		NAPLES, FL 34108	= Change
			□Remove
			Change
			🗅 Add
			Remove
			Change
			\ _Add
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Affective date, if other than the date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	does not meet the applicable	e statutory filing requiren	ients, this date will not be listed as t
record specifies a delayed effective d d is filed.	ate, but not an effective time	, at 12:01 a.m. on the eari	ier of: (b) The 90th day after the
d is med.			
Dated NOVEMBER 18	2021		
NOVEMBED 18	,		
Dated NOVEMBER 18 /s/ ROBERT T.	,	ed representative of a membe	er .

Filing Fee: \$25.00