h21 000 488 027

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
		_
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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DEC - 9 2021



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COVER LETTER

TO:

TO:	Registration S Division of Co			•
eno re		ent to the name of LLC Doc # L	21000488027	
SUBJE	C1:	Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enc	losed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all corresp	oundence concerning this matter	to the following:	
		RICKY DUNN		
			Name of Person	
		STUDIO 318 CENTER FO	OR THE ARTS, LLC	
			Firm/Company	
		11871 ILLINOIS ST		
		-	Address	
		DUNNELLON, FL 34431		
		rickdunn1956@gmail.com	City/State and Zip Code	
		~-	to be used for future annual report notif	ication)
For furt	her information	concerning this matter, please ca	ali:	
Ricky F	Onnn		727 421-4236 at ()	
	Name	of Person	Area Code Daytime	Telephone Number
Enclose	d is a check for	the following amount:		
□ \$ 25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certificate Copy (additional copy is enclosed)
	Mailing Addr Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STUDIO 318 CENTER FOR THE ARTS LLC

company has been notified in writing of this change.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

	·		
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	f the limited liabi	lity company here:	
STUDIO 118 CENTER FOR THE ARTS LLC			
The new name must be distinguishable and contain the w	vords "Limited Liabili	ity Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	NO CHANGE	
(Principal office address MUST BE A STREE	ET ADDRESS)		
		NO CUANCE	
Enter new mailing address, if applicable:		NO CHANGE	
(Mailing address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and/or ragent and/or the new registered office address	•	ddress on our recor	ds, enter the name of the new registo
	NO CHANCE		
Name of New Registered Agent:	NO CHANGE	 	
Name of New Registered Agent: New Registered Office Address:	NO CHANGE		
		Enter Florida s	
	NO CHANGE		. Florida 12 12 Zip Gule

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			□Add
			Remove
			Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Remove
			□Change

Eamending any other infor	rmation, enter change(s) here: (Attach additional sheets, if necessary.)
Note: If the date inserted in t	FILING DATE (optional) are must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 this block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
ne record specifies a delayed of ord is filed.	effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated NOVEMBER 17	2021
2 Puly Dus	N
	Signature of a member or authorized representative of a member
RICKY DUNN	
	Typed or printed name of signee