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PICK-UP	MAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to Fifi	ing Officer:	
	J. H	IORNE
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Office Use Only



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## **COVER LETTER**

TO: Registration Se Division of Cor		<b>.</b>	
Resilience	Life LLC	•	•
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Polly Daugherty		
		Name of Person	
	Resilience Life LLC		
	<del>, , , , , , , , , , , , , , , , , , , </del>	Firm/Company	
	6183 Riverwalk Lane 4		
		Address	
	Jupiter FL 33458		
		City/State and Zip Code	
	pdaughel@gmail.com	to be used for future annual report no	atification)
For further information c	oncerning this matter, please ca		,
Polly Daugherty		561 386-7512	
Name o	f Person		me Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 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)
<u>Mailing Addres</u>		Street Address:	
Registration S		Registration S Division of C	
Division of C P.O. Box 632		The Centre of	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

To the second se

Resilience Life LLC

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

The Articles of Organization for this Limited Liability Company Florida document number L21000499764	were filed on 11/22/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
Studio Green LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	6183 Riverwalk Lane 4	
(Principal office address MUST BE A STREET ADDRESS)	Jupiter, FL 33458	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>e</u>	nter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	address
		_, Florida
	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 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
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			□Change
			□Add
			□Remove

Effective date, if other than the date of filing:  [an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207.  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.  Record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the dis filed.  Dated  February 6  2024  Signature of a mother or autorized representative of a member	-	
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Signature of a somber or antiprized representative of a member	Dated <sub>.</sub>	+olarlastas

Filing Fee: \$25.00