L22000029050

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone #/)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Name)	
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	

Office Use Only



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FEB 24 2022 I ALBRITTON

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

DATE <u>2/23/2022</u>	**WALK IN**
ENTITY NAME ARCHIV	E STUDIOS LLC
DOCUMENT NUMBER_	
	PLEASE FILE THE ATTACHED AND RETURN
XXXXXX	Plain Copy
	Certified Copy
	Certificate of Status
/	PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY
	Certified Copy of Arts & Amendments
	Certified Copy of Arts & Amendments Complete File (Including Annual Reports)
	Certificate of Status
	Certificate of Status Reflecting:
	APOSTILLE' / NOTARIAL CERTIFICATION
COUNTRY OF DESTINATION	DN
NUMBER OF CERTIFICAT	ES REQUESTED
TOTAL OWED \$ 25.00	ACCOUNT # 120160000072
Please call Tina at the	above number for any issues or concerns. Thank you so much!

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Archive Studios LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company w	ere filed on 01/13/2022	and assigned
Florida document number 1.22000029050		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LI.C" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	· · · · · · · · · · · · · · · · · · ·	202
_	<u> </u>	7
Enter new mailing address, if applicable:		23
Mailing address MAY BE A POST OFFICE BOX)		AH 9:
_		<u> </u>
		ر التي التي التي التي التي التي التي التي
B. If amending the registered agent and/or registered office add agent and/or the new registered office address here:	dress on our records, enter the	e name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
· 	Flori	da
	Circ	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
AMBR	Carlos Velasquez	3380 Northeast 9th Street Unit 102	□Add
		Homestead, Fl. 33033-5893	
		US	
			□Add
			□Remove
			□Change
			[]Add
			□Remove
			□Change
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ctive date, if other than the da	te of filing:		(optional)	
ctive date, if other than the date effective date is listed, the date must be :: If the date inserted in this block	specific and cannot be prio	r to date of filing or mor	e than 90 days after filing.) P	ursuant to 605.02 H not be listed
ment's effective date on the Depar			equitional, time date	
ecord specifies a delayed ef ne 90th day after the record		ot an effective tin	ne, at 12:01 a.m. or	the earlier
d February 22nd	2022			
	nature of a member or auth	 Carlos Velasquez		
		() ()		

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Filing Fee: \$25.00