1/19/23, 5:02 PM

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000022389.3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser	from	this page.
Doing so will generate another cover sheet.		

To:

Division of Corporations

Fax Number : (850)617-6383

From:

ٺن

Account Name : PARASEC

Account Number : I20180000086 Phone : (916)576-7000 Fax Number : (800)603-5868

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: ____RLOPS@PARASEC.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LHC-STUDIO LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

JAN 20 2023

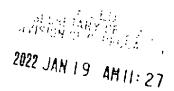
A. LUNT

Electronic Filing Menu Corporate Filing Menu

Help

To: 18506176383 From: 19166105073 Date: 01/18/23 Time: 11:04 PM Page: 03/05

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



LHC-STUDIO LLC				
(<u>Name of the Limited Liab</u> (A Flori	llity Company a da Limited Liabi	s it now appears on o lity Company)	ur records.)	
The Articles of Organization for this Limited Liability Florida document number - L22000040396	Company wer	e filed on01/2	1/2022	and assigned
This amendment is submitted to amend the following:	·			
A. If amending name, <u>enter the new name of the lir</u>	nited liability	company here;		
The new name must be distinguishable and contain the words "Li	mited Liability C	ompany," the designat	ion "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	1'	920 Cleveland St		
(Principal office address MUST BE A STREET ADE	<u>ress)</u> H	ollywood FL, 33	020	
	-			
Enter new mailing address, if applicable:	1	920 Cleveland St		
Mailing address MAY BE A POST OFFICE BOX)	1	follywood FL. 33	020	
B. If amending the registered agent and/or register agent and/or the new registered office address here:		ress on our records	s, enter the nan	ne of the new register
Name of New Registered Agent:		<u> </u>	,	
New Registered Office Address:	1920 Clevel	and St Enter Florata stre	eet address	
	Hollywood		, Florida	33020
		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.

To: 18596176383 From: 19166105073 Date: 01/18/23 Time: 11:04 PM Page: 04/05

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	Mem ber

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			[]Remove
			[]Change
			🗆 Acid
			□Remove
			□Change
			🗆 Add
			Pemove
			Change
			∐Add
			□Remove
			□Change
		□Remove	
			Change
			□Add
			[]Remove
			O Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2022 JAN 19 AM 11: 27 E. Effective date, if other than the date of filing: (optional)
(If 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 608 0207 (30(b)) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records If the 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 record is filed. Dated January 17 2023 Luisana Hernandez Signature of a member or authorized representative of a member

To: 18506176383 From: 19166105073 Date: 01/18/23 Time: 11:04 FM Page: 05/05

Filing Fee: \$25.00

Typed or printed name of signee

Luisana Hernadez