L2200063748

	(Requestor's Name)	
	(Address)	
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	(City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
	(Puping and Finance)	
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of State	ıs
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Special Instructions to	o Filing Officer:	
	LORNE	
	J. HORNE FEB 2 2 2022	
	FEB 2 2 2022	
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SUCRETARY OF S DA

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations		·
SUBJECT: 5	Name of Lin	nited Liability Company	D.LLC
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	HECT	Name of Person	5
	Low	Firm/Company	
	2502	WINTER DR Address	WY25
	WINTER hecto E-mail address:	City/State and Zip Code Feels of to be used for future annual report notions.	mail.com
For further information c	oncerning this matter, please c		
Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for the			
\$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)
Mailing Addres Registration S Division of C P.O. Box 632	Section orporations	Street Address: Registration Sec Division of Cor The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

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STAY STILL	STUDIO LU USECRETARY OF STA
(<u>Name of the Limited Liability Compa</u> (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 <u>L. 2200063748</u> .	were filed on 1/3/1/2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	illity company here:
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: (Principal office address MUST BE A STREET ADDRESS)	3150 5 ORANGE AUE SOITE OLVANDO, FL, 32806 201
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	Same
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	Enter Florida street 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 or removed	Authorized Person(s) authorized to ma	inage, enter the title, name, and address of each	person being added
MGR = M AMBR = A	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	HECTOR CELIS	2502 WINTER PARK WINTER PARK, IFL, 3	D Add 2789 □Remove
			□ Change
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Fffective date	if other than the date of filings		(4	
ivote: if the dat	if other than the date of filing: _ is listed, the date must be specific and car inserted in this block does not mee tive date on the Department of State	it the applicable statutory	or more than 90 days after filing.) Pu filing requirements, this date wil	arsuant to 605.0207 (. Il not be listed as tl
e record specifierd is filed.	a delayed effective date, but not an	effective time, at 12:01 a	i.m. on the earlier of: (b) The 9	0th day after the
Dated FE	BRUARY 18th.	2022		
	Signature of a men	mber or authorized represent	ative of a member	