K22000139629

(Requestor's Name)
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(City/State/Zip/Phone #)
(ON) OBIO EID HONO II)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO:

Registration Section

porations		
AR STUDIO LLC		
Name of Lim	ited Liability Company	
Amendment and fee(s) are sub	mitted for filing.	
	we teme mange	
RIGOBERTO JIIL		
	Name of Person	
RIDO TOVAR STUDIO I		
	Firm/Company	· · · · · · · · · · · · · · · · · · ·
408 N SUMMIT ST		
	Address	
CRESCENT CITY FL 321	12	
	City/State and Zip Code	
-		tification)
sheering this matter, preuse e		
	at ()	
Person	Area Code Daytin	ne Telephone Number
e following amount:		
□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fec. Certificate of Status & Certified Copy (additional copy is enclosed)
	Street Address: Registration Se	
•	Division of Co	
7 FL 32314		Tallahassee oe Street, Suite 810
	Amendment and fee(s) are sub indence concerning this matter RIGOBERTO JIIL RIDO TOVAR STUDIO L 408 N SUMMIT ST CRESCENT CITY FL 321 WANDASTUMBO621@G E-mail address: (concerning this matter, please cancerning this matter cancerning this matter cancerning this matter cancerning this matter.	Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: RIGOBERTO JIIL Name of Person RIDO TOVAR STUDIO LLC Firm/Company 408 N SUMMIT ST Address CRESCENT CITY FL 32112 City/State and Zip Code WANDASTUMBO621@GMAIL.COM E-mail address: (to be used for future annual report not oncerning this matter, please call: Area Code Terson Area Code Dayting S30.00 Filing Fee & Certified Copy (additional copy is enclosed) SEE Certificate of Status Street Address: Registration Scroporations Original Copy (additional copy is enclosed) SEE CERTOR CITY FL 32112 City/State and Zip Code WANDASTUMBO621@GMAIL.COM E-mail address: (to be used for future annual report not oncerning this matter, please call: Certified Copy (additional copy is enclosed)

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED (7)
2022 JUH - 7 PM 2: 20
SECRETARY OF SH

RIDO TOVAR STUDIO 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 C	Company were filed or	03/21/2022	and assigned
Florida document number L22000139629	. <u></u> .		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability compan	<u>v here</u> :	
RIGO TOVAR STUDIO LLC			
The new name must be distinguishable and contain the words "Lim	ited Liability Company,"	the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDI	RESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent:	d office address on o	ur records, <u>enter the</u>	name of the new registered
New Registered Office Address:			
	Enter	Florida street address	
		, Florid	aZip Code
	•		Дір Code
New Registered Agent's Signature, if changing Registere	d Agent:		
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and c accept the obligations of my position as registered a being filed to merely reflect a change in the registere company has been notified in writing of this change.	omplete performance gent as provided for	e of my duties, and I in Chapter 605, F.S.	am familiar with and Or, if this document is

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

if afficiently ruthornized refounds, during	rised to manage, enter the title, name, and	
or removed from our records:	, _	
MGR = Manager AMBR = Authorized Member		
		70

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

		
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ffective date, if other than the d	late of filing: (optional)	
	be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant	to 605.0207
an effective date is listed, the date must b		e nsica as
tote: If the date inserted in this bloc	ck does not meet the applicable statutory filing requirements, this date will not be partment of State's records.	
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