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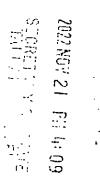
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## **COVER LETTER**

TO: Registration Section Division of Corporations	•	
SUBJECT: Name of	JUCTION & St.	idio LLC
The enclosed Articles of Amendment and fee(s) are	submitted for filing.	2022 HOV 21
Please return all correspondence concerning this ma	atter to the following:	12 2
_March	(enson Jules	PH 14: 09
	Firm/Company	
7901	4th ST N	STE 300
St.  Marche E-mail address	City/State and Zip Code  O JUES @ICHUGO  ess: (to be used for future annual report notification)	<u>-L 33702</u>
For further information concerning this matter, plea	ise call:	
Marckenson July Name of Person	25at ( <u>561</u> ) <u>720 - (</u> Area Code — Daytime Tele	D494 phone Number
Enclosed is a check for the following amount:		
□ \$25.00 Filing Fee		S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corpora The Centre of Tallal 2415 N. Monroe Str	tions hassee
Tallahassee, FL 32314	2413 IV. MOHIOC 311	cett outre or o

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MI Postuction & Studio 110

(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 2 2000 14 2433</u> .	were filed on $\frac{10/11/2022}{100}$ and assigned
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liabi	· · · · · · · · · · · · · · · · · ·
The new name must be distinguishable and contain the words "Limited Liabil	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)	1261 SW Goodman ave Port Saint Lucie, FL 34953
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1261 SW Goodman ave Port Saint Lucic, FL 34953
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent: Marc	Chenson Jules
New Registered Office Address: 1261	SW Goodway ave
Port	Saint Lucie, Florida 34953

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 Sent Signature of New Registered Agent

If amerding 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>	<u>Address</u>	Type of Action
MGR	Cassanda Camilus	634 Davis Rd	_ MAdd
		Derray Beach,	_ □Remove
		Fiorida, 37445	_ 🗆 Change
			_ 🗆 Add
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			□Change 022 Nddd
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ective date, if other than the date of filing:  n effective date is listed, the date must be specific and cannot be prior to date of filin	(optional) g or more than 90 days after filing.) Pursuant	to 605.020°
te: If the date inserted in this block does not meet the applicable statutor; cument's effective date on the Department of State's records.	y filing requirements, this date will not b	se listed a:
record specifies a delayed effective date, but not an effective time, at 12:01 s filed.	a.m. on the earlier of: (b) The 90th da	y after the
$\frac{10/11/2022}{2022}$		

Filing Fee: \$25.00