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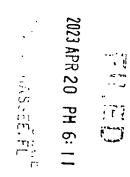
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S. FOLON LIN JUN - 7 2023

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: The TWISTED LA LA HUS STUDIO LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Brittani Fogle Man
The Twisted Lotus Studio
426 Walnut Street
breen Cove Springs F1 32043
City/State and Zip Code Britty achel 89 @gmail.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Brittani Fogicman at (904) 907 - 4351 Name of Person at (904) Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certificate of Status & Certificate Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Thisted Liability (Name of the Limited Liability (A Florida)	y Company as it now appears on a Limited Liability Company)	our records.)		
The Articles of Organization for this Limited Liability Co Florida document number	ompany were filed on <u>3 -</u> 440	28-22	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit Haus of Sci The new name must be distinguishable and contain the words "Limit	ulpt L.L.		ation "L.L.C."	_
Enter new principal offices address, if applicable:		·	2023	- ,
(Principal office address MUST BE A STREET ADDR	ESS)		P - 44-1	A/A
Enter new mailing address, if applicable:		A SOCIAL CONTROL CONTR	20 PH 6	-
(Mailing address MAY BE A POST OFFICE BOX)		<u>, </u>		- W/A
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our record	ds, <u>enter the name of</u>	the new registe	ered
Name of New Registered Agent:				-
New Registered Office Address:	Enter Florida st	reet address		- N/A
	Ciţy	, Florida	ip 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
			□Add
			□Remove
			□Change
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Note: I	re date, if other than the date of filing:
e record d is file	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 d.
Dated _	
	Blog le Well Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a manufacture of a member of a membe

Filing Fee: \$25.00