

122000159400

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

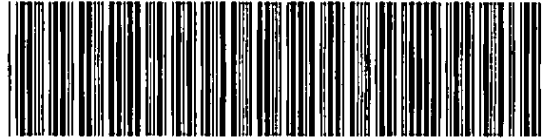
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

2022 JUN -6 PM 12:06

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ILLILUSION 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:

JOSEPH BERNADO

\_\_\_\_\_  
Name of Person

JOSEPH MULTI SERVICES LLC

\_\_\_\_\_  
Firm/Company

9781 W SAMPLE RD

\_\_\_\_\_  
Address

CORAL SPRINGS, FL 33065

\_\_\_\_\_  
City/State and Zip Code

bernadojoseph@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BERNADO JOSEPH

954 513-5879  
at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$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 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**

**FILED**

2022 JUN -6 PM 12: 06

ILLILUSION STUDIO LLC

(Name of the Limited Liability Company as it now appears on our records,  
(A Florida Limited Liability Company))

SECRETARY OF STATE  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 04/04/2022 and assigned  
Florida document number L22000159400.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

ILLUSION STUDIO LLC

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)**

9781 W SAMPLE RD

CORAL SPRINGS, FL 33065

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

9781 W SAMPLE RD

CORAL SPRINGS, FL 33065

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

BERNADO JOSEPH

New Registered Office Address:

9781 W SAMPLE RD

*Enter Florida street address*

CORAL SPRINGS

*City*

, Florida 33065

*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 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>     | <u>Address</u>           | <u>Type of Action</u>           |
|--------------|-----------------|--------------------------|---------------------------------|
| MGR          | JOSEPH, BERNADO | 9781 W SAMPLE RD         | <input type="checkbox"/> Add    |
|              |                 | CORAL SPRINGS, FL 33065  | <input type="checkbox"/> Remove |
|              |                 |                          | <input type="checkbox"/> Change |
| MGR          | MAUGER, BERTHO  | 5051 WILES RD APT 206    | <input type="checkbox"/> Add    |
|              |                 | COCONUT CREEK, FL 33073  | <input type="checkbox"/> Remove |
|              |                 |                          | <input type="checkbox"/> Change |
| MGR          | BLANC, GERRY S  | 208 LAKEPOINT DR APT 202 | <input type="checkbox"/> Add    |
|              |                 | OAKLAND PARK, FL 33309   | <input type="checkbox"/> Remove |
|              |                 |                          | <input type="checkbox"/> Change |
|              |                 |                          | <input type="checkbox"/> Add    |
|              |                 |                          | <input type="checkbox"/> Remove |
|              |                 |                          | <input type="checkbox"/> Change |
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2022 JUN -6 PM12:06  
SECONDARY OF STATE  
TALLAHASSEE, FL

FILED  
2022 JUN -6 PM 12:06  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FL

(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 605.0207 (3)(b)

Dated MAY 27, 2022

Typed or printed name of signee