L22000189012

(Re	equestor's Name)	
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COVER LETTER

то:	Registration Se Division of Cor			·
SUBJE	Saint Studi	os Marketing LLC		
SUBJE	CI:	Name of Limi	ited Liability Company	
The enc	dosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
		Sonya Thomas		
			Name of Person	
		Global Paralegal Network,	Inc.	
			Firm/Company	
		129 Glen Park Avenue		
			Address	
		Gary, IN 46408		
			City/State and Zip Code	
		E-mail address: (to be used for future annual report noti	fication)
For furt	ther information of	concerning this matter, please ca	alt:	
Sonya	Thomas		219 381-5294 at ()	
	Name o	of Person	Area Code Daytim	e Telephone Number
Enclose	ed is a check for t	he following amount:		
≡ \$2:	5.00 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 radditional copy is enclosed)
	Mailing Addre Registration Division of O	Section	<u>Street Address:</u> Registration Se Division of Cor	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

	Saint Studios Marketing LLC	
(<u>Name of the Limited L</u> (A F	iability Company as it now appears on our records.) lorida Limited Liability Company)	
The Articles of Organization for this Limited Liabil Florida document number L22000189012	ity Company were filed on April 20, 2022	and assigned
This amendment is submitted to amend the following	og:	
A. If amending name, enter the new name of the	limited liability company here:	
Saint's Studio Marketing 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 A		
Trincipal office address STOST DE A STREET A		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>	
		. 29
B. If amending the registered agent and/or regis	tered office address on our records, enter the	name of the new register
agent and/or the new registered office address he	<u>ere</u> :	20 5
Name of New Registered Agent:		
		M. #
New Registered Office Address:		
	Enter Florida street address	
_	Floric	
	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 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
			Remove
			Change
			□Add
			Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
·			□Add
			□Remove
			□Change

<u> </u>		
an effective date is list Sote: If the date inso	ther than the date of filing:	207 I as
record specifies a del I is filed.	elayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t	the
ated	May 8th. 2023	
<u></u>	Signature of a member or authorized representative of a member	
	Elyppia Spint Hilairo	
	Elyscia Saint-Hilaire Typed or printed name of signee	

Filing Fee: \$25.00