# Florida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000304456 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ZENBUSINESS INC. Account Number : I20230000190 Phone : (844)449-3624 : (512)597-0678 Fax Number

\*\*Enter the email address for this business entity to be used for future pannual report mailings. Enter only one email address please.\*\*

-Ema	i	l	Add	dr	es	5 5	:	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN I AM SLS LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

SEP 0 9 2024

K. Brumbley

#### 2024-09-07 08:38:16 UTC+14 COVER LETTER

18506176383

From: ZenBusiness User

	Registration Sec Division of Corp			
ero iez	I Am SLS L			
SUBJEC	· · · · · · · · · · · · · · · · · · ·	Name of Lin	nited Liability Company	
The enclo	sed Articles of a	Amendment and fee(s) are sub	omitted for filing.	
Please ret	um all correspo	ndence concerning this matter	to the following:	
		Allison Monzon		
			Name of Person	
		ZenBusiness INC		
			Firm/Company	<del> </del>
		336 E. College Ave Suite	301	
			Address	···-
		Tallahassee, FL 32301		
			City/State and Zip Code	
		fulfillment@zenbusiness.co		
		E-mail address: (	to be used for future annual report not	(fication)
For furthe	r information ed	oncerning this matter, please c	all:	
c/o ZenF	Business INC		844 493-6249	
	Name of	Person	at ()	ne Telephone Number
Enclosed	is a check for th	e following amount:		
<b>≡</b> \$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	LI \$60.00 Filling Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
I I f	Malling Address Registration S Division of Co P.O. Box 632 Fallahassee, F	ection orporations 7	Street Address: Registration Se Division of Con The Centre of T 2415 N. Monro Tallahassee, FI	rporations Fallahassee se Street, Suite 810

To:

#### From: ZenBusiness User 18506176383

### 2024-09-07 08:38:16 UTC÷14 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

**OF** 

I Am SLS LLC			
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)		
The Articles of Organization for this Limited Liability Company v		and ass	signed
Florida document number L22000244912			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company here:		
Atlas Del Soma Studio LLC			
The new name must be distinguishable and contain the words "Limited Liabilit	y 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)			
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
		<u>-</u>	
B. If amending the registered agent and/or registered office ac	ldress on our records, enter the na	ame of the ne	w registe
ngent and/or the new registered office address here:	·		
		2021	
Name of New Registered Agent:		<u> </u>	
New Registered Office Address:			
regretated officer trades.	Enter Florida street address		::::
	, Florida	·· 至	-
	City	. Zip Code	
Now Degistered Agent's Signature if changing Degistered Agent		. 6	

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.

New Registered Agent's Signature, if changing Registered Agent:

If Changing Registered Agent, Signature of New Registered Agent

To:	Page: 4 of 5	2024-09-07 08:38:16 UTC÷14	18506176383	From: ZenBusiness User
	11 amending Authorized Person(s	) authorizeu to manage, <u>enter ine titte</u>	e, name, ano aooress of ea	en person being added
	or removed from our records:			

MGR =	Manager
AMBR =	Authorized Member

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

18506176383

	<del></del>		<u> </u>
		<del> </del>	
		-	<del></del>
	<u>.</u>		
_ <del></del>			
	<u></u>		
			<u></u>
Effective date, if other than the date (If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Dep	ck does not meet the applicable	(option letter of filing or more than 90 days after five standary filing requirements, this continues the standard filing requirements.	ral) ling.) Pursuant to 605.0207 (3 late will not be listed as th
he record specifies a delayed effective ord is filed.	date, but not an effective time	, at 12:01 a.m. on the earlier of: (b)	The 90th day after the
9/06 Dated	, 2024	,	
/s/ Lesslie Bra	vo-Noguez		
/s/ Lesslie Bra	VO-NOGUEZ lignature of a member or authorize	ed representative of a member	