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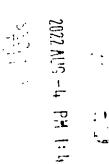
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The Cur

COVER LETTER

Division of Cor	rporations		
DEDI WA	LKER STUDIO, LLC		
SORTECT:	LKER STUDIO, LLC Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Derionna Walker		
		Name of Person	
	Dedi Walker Studio, LLC		
		Firm/Company	
	3006 SW 23rd Street APT	14	
		Address	
	Gainesville, Florida 32608	3	
		City/State and Zip Code	
	derionna.walker@gmail.com	to be used for future annual report no	36
			mication)
ror further information of	concerning this matter, please c	au:	
Derionna Walker		352 872-3810 at ()	
Name o	of Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for t	he 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)
<u>Mailing Addre</u> Registration		Street Address: Registration Se	ection
Registration	occura.	regionation of	CCIOII

Division of Corporations

TO:

Registration Section

P.O. Box 6327 Tallahassee. FL 32314 Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DEDI WALKER STUDIO, LLC		
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L22000279652		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
FROM THE DUST, LLC		2
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" or th	
Enter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADL	ORESS)	- ل ^ي
		٠. هـ
Enter new mailing address, if applicable:		†
Mailing address MAY BE A POST OFFICE BOX)		-
B. If amending the registered agent and/or register agent and/or the new registered office address here		name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	1
	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:

or remov	vea trom our records:		
MGR =	Manager		
AMBR =	Authorized Member		

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