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COVER LETTER

TO: Registra Division		ction porations		
GA	RDENS	SLIME STUDIOS, LLC	7	•
SUBJECT:		<u> </u>		
		Name of Lin	nited Liability Company	
The enclosed Art	icles of .	Amendment and fee(s) are sub	omitted for filing.	
Please return all o	correspo	ndence concerning this matter	to the following:	
		DAVID W SALEZMAN		
		-	Name of Person	
		GARDENS SLIME STUD	MOS, LLC	
			Firm/Company	
		922 BRYAN ST		
			Address	
		KISSIMMEE, FL 34741		
		DAVIDWAYNESALT18@0	City/State and Zip Code GMAIL.COM	
		E-mail address: (to be used for future annual report	notification)
For further inform	nation co	oncerning this matter, please c	all:	
DAVID W SETZ:	MAN		205 764-8073	
	Name of	Person	at () Area Code Day	rtime Telephone Number
			riva code 17ay	vanie retephone (vanioe)
Enclosed is a chec	ck for th	e 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</u>	Address	:	Street Address	,
Registr			Registration	
		orporations	Division of C	Corporations
P.O. Bo	ox 632°	7	The Centre o	of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GARDENS SLIME STUDIOS, LLC	
(<u>Name of the Limited Liability Company as it now a</u> (A Florida Limited Liability Compa	opears on our records.) uny)
The Articles of Organization for this Limited Liability Company were filed or lorida document number	(19)/27/2022 and assign
his amendment is submitted to amend the following:	
If amending name, enter the new name of the limited liability compan	y here:
ARDEN SLIME STUDIOS, LLC	
he new name must be distinguishable and contain the words "Limited Liability Company,"	the designation "LLC" or the abbreviation "L.L.C.
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
nter new mailing address, if applicable:	
nter new mailing address, if applicable:	
nter new mailing address, if applicable:	
nter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on or	25.22 C
nter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on or	ur records, enter the name of the new re
nter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on or	ur records, enter the name of the new re
Principal office address MUST BE A STREET ADDRESS) Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on orgent and/or the new registered office address here:	ur records, enter the name of the new re

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.

City

Zip Code

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
	<u></u>		
			□ Remove
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			□ Change

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ffective date, if other than the date an effective date is listed, the date must be	ate of filing:	or to date of tiling or n	(option	ial) line) Persuant to 605 0207 :
Note: If the date inserted in this block	k does not meet the appl	icable statutory filin	g requirements, this	date will not be listed as t
locument's effective date on the Depa	irtment of State's record	ls.		
	ate, but not an effective	time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
record specifies a delayed effective d				
d is filed.				
d is filed. SEPTEMBER 30	2022			
d is filed.	2022	·		
d is filed. SEPTEMBER 30	2022	·		
d is filed. SEPTEMBER 30 Dated	2022 MOW gnature of a member or aut	horized representative	e of a member	