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SECRETARY OF STATE TALLAHASSEE, FL

2022 OCT 20 AH 10:

COVER LETTER

Tallahassee, FL 32314

TO: Registration So Division of Cor			
SUBJECT: #7	STudio No.	TL 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:	
		Name of Person	
	North	WesT REGISTERED Firm/Company	AGENT LLC
	7901 4 M 5	T N STE 300 Address	2022 OCT 20 AM IO: 13 SECRETARY OF STATE TALLAHASSEE, FL
	ST PETERSBU	CityState and Zin Code	20 AARY O
	ejus hos pe E-mail address: (edales @ GMail. Col	M Do: 0
For further information c	oncerning this matter, please ca	all:	$\frac{1}{17}\omega$
Jesus H	ospedshes	at (<u>3/2</u>) <u>285</u> Area Code Daytime	5 58 60_
Name o	f P é rson	Area Code Daytime	e Telephone Number
Enclosed is a check for th	ne 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 S Division of C P.O. Box 632	Section orporations	Street Address: Registration Sec Division of Cor The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

H STUDIO INTO	<u> </u>		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on ited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Comp Florida document number <u>L 22 000 436 2</u>		10/10/2022	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here:		
The new name must be distinguishable and contain the words "Limited I.	.iability Company," the design	nation "LLC" or the abbro	eviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	ù		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered offi	ice address on our recor	ds, enter the name	2022 OCT 20 AH IOnew regist
agent and/or the new registered office address here:		in E	- - ω
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida s	treet address	
		, Florida	
	City	, 1 10111114	Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:		

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 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
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