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COVER LETTER

TO:	Registration Se Division of Cor		*	•
SUBJI	ECT:	PMU 365 Name of Limit	Shudic LLC ted Liability Company	
The en	iclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please	return all correspo	ndence concerning this matter to	o the following:	
		Dan	Vu Name of Person	<u> </u>
		PM 4 3 6 5	Stuck'o LLC. Firm/Company	
		9904 (08"	ST Address	
		Sembol	e FL 33772	
		DNL Q7	City/State and Zip Code 8 9 cmail . Co be used for future annual report noti	nn fication)
For fur	ther information co	oncerning this matter, please cal		,
	Name of	an Vu Person	at (<u>215</u>) <u>275</u> – Area Code Daytim	9574 e Telephone Number
Enclos	ed is a check for th	ne 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 (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: 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**

ARTICLES OF A	AMENDMENT
TO	RGANIZATION F Studio UC By as it now appears on our records.)
ARTICLES OF O	RGANIZATION 🧼 🗞 🔧 🧠
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_	The state of the s
PMU 365 S	
	N as it now appears an our records
(Name of the Limited Liability Compar (A Florida Limited L	iability Company)
	in hala and 3
The Articles of Organization for this Limited Liability Company	were filed on 1011212022 and assigned
Florida document number 122005439724.	
Florida document number	
This amendment is submitted to amend the following:	
•	
A. If amending name, enter the new name of the limited liabi	lity company here:
Inkonic Studio	110
The new name must be distinguishable and contain the words "Limited Liabili	ty Company "the designation "[1 C" or the abbreviation "[1 C"
the new name must be distinguishable and contain the words. Elimited Liaoni	ty company, the designation T.E.C. of the abbreviation T.E.C.
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Tricipal office dauress Proof DE A STREET ADDRESS	
Enter new mailing address, if applicable:	
• •	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a	ddress on our records, enter the name of the new registered
agent and/or the new registered office address here:	·
Name of New Registered Agent:	
New Registered Office Address:	
New negistered Office Address.	Enter Florida street address
	, Florida
	City Zin 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>	Name	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
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