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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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COVER LETTER

961 Studios LLC SUBJECT:	
Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Melania Ziło	
Name of Person	Name of Limited Liability Company Idment and fee(s) are submitted for filing. Ideania Zilo Name of Person St Studios Firm/Company 1913 Saint Andrews Blvd Apt 52 Address Octa Raton FL 33433 City/State and Zip Code Ideaniaszilo@gmail.com E-mail address: (to be used for future annual report notification) Ining this matter, please call: at (
961 Studios	
Firm/Company	
20913 Saint Andrews Blvd Apt 52	
Address	
Boca Raton FL 33433	
City/State and Zip Code	
melaniaszilo@gmail.com	
For further information concerning this matter, please call:	
• • • • • • • • • • • • • • • • • • • •	
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy Certificate o (additional copy is enclosed) Certified Co	f Status & py
Division of Corporations Division of Corporations	
P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

961 Studios LLC

2024 JUN 18 PM 12: 24

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{10/25/2022}{10}$ Florida document number 1.22000459852 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 Liability Company," the designation "LLC" or the abbreviation "LLC." 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) B. If amending the registered agent and/or registered office address 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: Enter Florida street address ___, Florida ___ City

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

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Signature of a member or authorized representative of a member	June 10			-					
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Filing Fee: \$25.00