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COVER LETTER

TO:

Registration Section

Division of Co	orporations		
	ESTUDIOS L.L.C.		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	emitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Sofia Vasquez		
		Name of Person	
	ZenBusiness INC		
	 .	Firm/Company	
	336 E. College Ave Suite	301	
		Address	
	Tallahassee, FL 32301		200 31
	fulfillment@zenbusiness.co	City/State and Zip Code	DZ3 HAR 20
		to be used for future annual report noti	fication) \geq
For further information	concerning this matter, please c	·	O PH
c/o ZenBusiness INC		844 493-6249	PH L: 08
Name	of Person	Area Code Daytim	e Telephone Number 777 &
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	S30.00 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 Addre Registration		<u>Street Address:</u> Registration Sec	ction
Registration Section Division of Corporations		Division of Cor	
P.O. Box 63		The Centre of T	
Tallahassee.	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

YUCAHU STUDIOS L.L.C.		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Jability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 11/18/2022	and assigned
lorida document number 1.22000493792		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" o	r the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		1023 HAR
		,
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	-	
Maning address MAT BE A FOST OFFICE BOX)	_	
	 	- H &
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter th</u>	e name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flori	da Zip Code
	c n).	гар слав

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

AMBR Aquites Pacheco DEFRIFIED BEACH, FL 33412 GRemove GAdd Remove Remove Add Remove Add Remove Add Remove Add Remove Change Change Change	<u>Title</u>	<u>Name</u>	Address	Type of Action
Change C	AMBR	Aquiles Pacheco	4651 SW 12th place	□Add
Change C			DEERFIELD BEACH, FL 33442	□Remove
Remove R				≡ Change
				□Add
Add PRemove Change Chan				
Change C				2029 Change
□Change □Add □Remove □Change □Add □Remove □Add □Remove □Change				Add PRemove
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ote: If the date inserted in thi cument's effective date on th	the date of filing: must be specific and cannot be prior to date of filing or more is block does not meet the applicable statutory filing red Department of State's records.	requirements, this date will not be l	listed as
is filed.		·	
0.341.3	2023	· 20	
ted		75	
ted		<u>پ</u>	_
ted/s/ Aquiles Pa	scheco Signature of a member or authorized reversements of a	a member	
ded	acheco Signature of a member or authorized representative of	2023 MAR 20 PH 4: 08	

Filing Fee: \$25.00