## L22000 522 236

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer					

Office Use Only



100436097901

09/12/24--01005--011 \*\*30.00

2024 SEP 12 PH 4:41



## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Điỷ	ision of Co	rporations					
CHOUNCE.	SERPENTINE STUDIOS LLC						
SUBJECT:							
The enclosed	l Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return	all correspo	ondence concerning this matter	to the following:				
		Colleen Dunlap					
	Name of Person						
		SERPENTINE STUDIOS	LLC				
	Firm/Company						
		61 Magnolia Ave					
	Address						
		Ormond Beach, FL 32174					
			City/State and Zip Code	<del></del>			
		serpentinefitnessstudio@gn					
		E-mail address: (	to be used for future annual re	eport notification)			
For further in	iformation c	oncerning this matter, please c	all:				
Colleen Dunlap		513 288-	-4227				
Name of Person		at () Area Code	Daytime Telephon	e Number			
Enclosed is a	check for th	ne following amount:					
□ \$25.00 F	iling Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed.	osed)	660.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	ling Addres		<u>Street Ado</u> Registra	dress: tion Section			
Registration Section Division of Corporations			Division of Corporations				
P.O. Box 6327		The Centre of Tallahassee					

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SERPENTINE STUDIOS LLC		
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our record liability Company)	<u>ls.</u> )
The Articles of Organization for this Limited Liability Company	were filed on 12/13/2022	and assigned
lorida document number L22000522236		
his amendment is submitted to amend the following:		
. 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	ity 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)		2024 SEC
		ALL!
nter new mailing address, if applicable:		2 F
Mailing address MAY BE A POST OFFICE BOX)		SG THE U.S.
nutting dudiess HAT BE AT OST OFFICE BOX	· ·	
. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	nddress on our records, <u>enter</u>	the name of the new regi
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	
	rmer v ioriaa sireet adares	S
		orida Zip Code
	City	гір Соав

## 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>	<u>Address</u>	Type of Action
MGR	Colleen Dunlap	61 Magnolia Ave	□Add
		Ormond Beach, FL 32174	■Remove
			Change
			□ Add
			□Remove
		<del> </del>	□Change
			□Add
			□Remove
			☐ Change
		<del></del>	
			□Remove
		<del></del>	Change
			🗆 Add
			Change
	<del> </del>		□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. September 6 2024 Dated Signature of a member or authorized representative of a member Colleen Dunlap Typed or printed name of signce