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(Requ	estor's Name)	
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PICK-UP	WAIT	MAIL
(Busin	ness Entity Na	me)
(Docu	ıment Number)
Certified Copies	Certificate	s of Status
Considerations to Fi	ling Officer:	
Special Instructions to Fi	iing Officer.	

Office Use Only



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SLICE FOR OF STATE

COVER LETTER

TO: Registration S Division of Co				
SUBJECT:		STUDIO LLC nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.		
Please return all correspo	ondence concerning this matte	r to the following:		
		Sabella Carcamo Name of Person JY STUDIO LLC		_
		Firm/Company		_
	3210 H 108t	h St. Hiakeah, FL.	33018	_
		City/State and Zip Code Carcamo Quaho .corr (to be used for future annual report notifi)	2023 FEB 23
For further information c	oncerning this matter, please c		cation)	323 PH 1: 09
Tsobella Name o	Carcamo f Person	at (305) (610 - 10) Area Code Daytime	5167 Telephone Numbe	- IFI 99
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)	Centified	ite of Status &
Mailing Address Registration S Division of C	Section	Street Address: Registration Sect Division of Corpo		

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited (À	Florida Limited Liability Company)	<u>ur recoras.</u>)		
The Articles of Organization for this Limited Liab	oility Company were filed on <u>Janua</u>	iry 17, 2023	and as	signed
Florida document number <u>L230000 299</u>	766.			
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of the	ne limited liability company here:			
The new name must be distinguishable and contain the work	ls "Limited Liability Company," the designat	ion "LLC" or the abbro	eviation "L	L.C.``
Enter new principal offices address, if applicab	le:	<u> </u>	2023	
(Principal office address MUST BE A STREET.	ADDRESS)	17727	111 111	T
				FREEZO CHERCO C
Enter new mailing address, if applicable:			P	
(Mailing address MAY BE A POST OFFICE BO	2.0)		90	
B. If amending the registered agent and/or registered affice address I	stered office address on our records nere:	s, <u>enter the name (</u>	of the ne	w registered
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida stre	et address		·
-		, Florida		
New Registered Agent's Signature, if changing Reg	City:		Zip Code	
nen negisteten agent s bignature, a epanging Reg	isterea 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	Isabella Carcamo	3210 W 108th St, Hicleah, FL	iAdd
			□Remove
			IChange
AMBR	Isabella Carcamo	3210 W 108th St, Hickor, FL 330]	8 WAdd
			□Remove
		□Change	
			□Add
			□Remove
			Change 123 FAdd
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document's	effective date on	the Department	of State's	records.		•				
e record spec	rifies a delaved c	effective date, bu	t not an effe	ective time, at	12;01 a.m. o	n the earlier	of: (b) T	The 90th	ı day af	ter the
rd is filed.	• '									
		ia il.	20	122			:	7. 338	2029 FEB 2	
Dated Fe	zbruary	18 +17	<u>4</u>	, <u>, , , , , , , , , , , , , , , , , , </u>			,			