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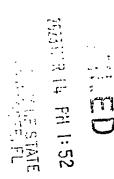
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Special Instructions	to Filing Officer:	

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R. HUNT 03/14/25

COVER LETTER

	of Corporations		
	30 0-6 11	C	
SUBJECT:	30 Design LL Name of	Limited Liability Company	
The enclosed Arti	cles of Amendment and fee(s) are	submitted for filing.	
	orrespondence concerning this ma		
		Sofiansilva Cade	na
		Name of Person	
		30 Design LLC	<u> </u>
		Firm/Company	ار بر المحال المحال المحال المحال المحا
		6120 SW Both street	
		Address	7038AR ILL PH I: 52
	Mi	ami / FL 33143 City/State and Zip Code	STAIL STAIL
		•	
	SSILV E-mail addre	a @ studiodoppia.com	vification)
For further inform	nation concerning this matter, plea	se call:	
SOF	Taksilva Cadena	at (786) 8439	50 8 O
	Name of Person	Area Code Dayti	me Telephone Number
Enclosed is a chec	ck for the following amount:		
☑ \$25.00 Filing	Fee ☐ \$30.00 Filing Fee & Certificate of Statu	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing ,		Street Address:	
	ation Section n of Corporations	Registration S Division of Co	
	ox 6327	The Centre of	•
Tallaha	ssee, FL 32314	2415 N. Monr Tallahassee, F	oe Street, Suite 810 L 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Li (A F	ability Company as it now appear orda Limited Liability Company)	s on our records.)		
The Articles of Organization for this Limited Liabile	ity Company were filed on	January 23, 2	923 and as	signed
Florida document numberL23000043410				
This amendment is submitted to amend the followin	g:			
A. If amending name, <u>enter the new name of the</u>	limited liability company he	ere:		
STUDIO DOPPIA LLC				
The new name must be distinguishable and contain the words	"Limited Liability Company," the d	esignation "LLC" or the	abbreviation "l.	LC."
			<u></u>	
Enter new principal offices address, if applicable				
<u>Principal office address MUST BE A STREET A</u>	DDRESS)	 حرر	· (**) - ***	1 41 ** *
		<u> </u>)
		(7)		
Enter new mailing address, if applicable:			<i>σ</i>	
Mailing address MAY BE <u>A POST OFFICE BOX</u>	()		. 5; ∆∏	
11 anni 1 anni			111	
B. If amending the registered agent and/or registered and/or the new registered office address he Name of New Registered Agent:			me of the ne	w regist
		•	_	
New Registered Office Address:	3880 Bird Ro	d Apt 633		
	12861 107			
-	Miami	, Florida _	33146 Zip Code	
	City		Zip 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.

Sotalon recas U.

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
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Tective d	date, if other than e date is listed, the date he date inserted in thi s effective date on th	must be specific and is block does not a	d cannot be prior meet the applic	able statutory fil	more than 90 days	optional) s after filing.) Pos., this date wi	ursuant te ll not be	o 605.0207 : listed as
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