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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Space dekay stu	dios LLC	
	N≰rme of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jess '	Valdivia Name of Person	
		Name of Person	
	<u></u>	Firm/Company	
	16910 N	E 8 [†] († Address	
			,
	North Min	City/State and Zip Code	62
	JOSO Spo E-mail address: (1	City/State and Zip Code Ce de Kay 5 tv 0/05. Code to be used for future annual report notific	O M eation)
For further information of	concerning this matter, please ca		
	V on V ivin	at (186) 5 25 Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
X\$25,00 Filing Fee	☐ \$30.00 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 Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Space dek	ay Studios Lightity Company as it Florida Limited Liability	LLC		
(Mame of the Limited	A Florida Limited Liability	Company)	records.)	
The Articles of Organization for this Limited Lia Florida document number	bility Company were f	iled on Ol- ()	- 7077	and assigned
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liability co	mpany here:		
The new name must be distinguishable and contain the wor	rds "Limited Liability Con	pany," the designation	ı "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applical	ble:	 <u></u>		43
(Principal office address MUST BE A STREET	ADDRESS)			<u> </u>
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE B	<u> </u>	· · · · · · · · · · · · · · · · · · ·	<u></u>	
B. If amending the registered agent and/or regagent and/or the new registered office address	gistered office addres here:	s on our records,	enter the nan	ne of the new registered
Name of New Registered Agent:	Jess	M Valdi	via	
New Registered Office Address:	16910	NE 6 [†]	address	
	North M.	ami Beeth		33162
	Cit	v		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.

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
AP	Jose M Valdivia Jr	16910 NE 8+4 Ct	□Add
		North Mirmi Beach	Remove
		FL 33162	□Change
AP	Jess M Valdivia	16910 NE 811 CT	;X(Add
		North Minni Beach	□Remove
		FL, 33162	□Change
			☐Add
			□Remove
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			□Remove
			□Change

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