(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



600432065196

30 (50 (20) 010114-315 (46)35, 32

2024 JUN 25 PM 2: OI

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	art Chia S	Andio LLC	
	Name of Limi	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		Name of Person	
	art C	Mic Studio LLC	·
	780 (Address	<u>,</u>
	Sara	Sota F1 34340 City/State and Zip Code	<u> </u>
	E-mail address: (i	1 1 (f. C/1 HHO) 1 (D) (for befised for future annual report notified	ahot cor
For further information	concerning this matter, please ca	ill:	
Bet of life	Ostib of Person	at (850) 38/- 7 Area Code Daytime	76.33 Telephone Number
Enclosed is a check for	the following amount:		
∑ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration		Street Address: Registration Sect	ion

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

1 LLC _		
s it now appears on our lity Company)	r records.)	
e filed on $\frac{2/8}{}$	/2023	and assigned
company here:		
/.		
ompany," the designation	on "LLC" or the abl	breviation "L.L.C."
n/a		
		- 12
,	ES.	124 J
n/a	<u> </u>	<u> </u>
		25
	<u> </u>	
rose on our rosords	ري ''.' جر بين parter the profile	No Constitution
ess on our records,	enter the name	- Tegister
i		
27/C	ノ	
Enter Florida street address		
, Florida		
City		Zip Code
o act in this capacit	ty. I further agr	ree to comply with t
	e filed on	ress on our records, enter the man

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>	Name	Address	Type of Action
AMBR	June Mass	935Le Sandy Bluffer (Parrish, FL 34319	FCLL DAdd
	V	Parrish, FL 34319	□Remove
			□ Change
<u>Anche</u>	Jan Mars	1358 Watts ave	DAGG
		Chiplog, FZ 32488	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			🗆 Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change

_	
_	
_	
_	
ectiv i effec	e date, if other than the date of filing: (optional) tive 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 605.020
<u>te:</u> If	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed and seffective date on the Department of State's records.
umer	a selective date on the Department of State Svecords.
cord	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
s file	
ed _	Signature of a member or authorized representative of a member Beverly Estas
	1 A 19 An
	Signature of a member or authorized representative of a member