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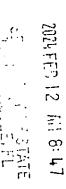
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02/12/24--01017--004 **25.00

02/27/24



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: TYAPPO HOXE Studios Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
JAMAT OULAT Name of Person TOPPD HOSE Studios Firm/Company
400 SW 75th Ave
City/State and Zip Code TYOUGH Styllo 0500 M. CH. E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (C154) XCO-CHCT CONTRACTOR Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Solution Status Solution Status Solution Solutio
Mailing Address: Registration Section Registration Section

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

Timono Mosen ETINOS

(Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	uppears on our records.)	
The Articles of Organization for this Limited Liability Company were filed of Florida document number (2000) (1201).	οΛ Λ . Λ.	gned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability compar	ny here:	
The new name must be distinguishable and contain the words "Limited Liability Company,"	"the designation "LLC" or the abbreviation "L.L.	.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
	2024	
Enter new mailing address, if applicable:		\$ d
(Mailing address MAY BE A POST OFFICE BOX)		· · ·
B. If amending the registered agent and/or registered office address on agent and/or the new registered office address here:	our records, enter the name of the new	registered
	m -1	
Name of New Registered Agent:		
New Registered Office Address: Ente	er Florida street address	
	Florida	
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.

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
AP_	GICUCAL T FETCUSON	1546 NW 4th AVE	□Add
		POMPONO FROCK FL	Remove
		33060	□Change
AP_	Januar Outer	400 SH 75th Ave	□Add
		Norm lauderdale FL	Remove
		33068	Change
MP	Jana Outer	400 SW 75th PARE	JAdd
		North lawbrante FL	□Remove
		33008	☐Change "
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or mo	ore than 90 days after filing.) Pursuant to 605	0207
Note: If the date inserted in this block does not meet the applicable statutory filing locument's effective date on the Department of State's records.	g requirements, this date will not be ast	ed as
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record specifies a delayed effective date, but not an effective time, at 12:01 a.m. od is filed.	on the earlier of: (b) The 90th day afte	r the
Dated		
Dated		
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Filing Fee: \$25.00