## L23000108964

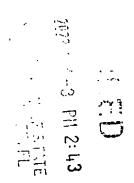
(Requestor's Name)
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(Business Entity Name)
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Certified Copies Certificates of Status
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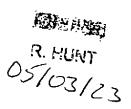
Office Use Only



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## **COVER LETTER**

TO:

TO: Registration Section Division of Corporations		
SUBJECT: SJCI	VALENTIN LC Name of Limited Liability Company	
The enclosed Articles of Amendmer	and fee(s) are submitted for filing.	
Please return all correspondence con	erning this matter to the following:	
	steven Valentin Valentin. Name of Person	
	Firm/Company	
9	Holly Dr	٠.
St	Ven port FL 33563 7 5 5	;
٠/ (٢.	E-mail address: (to be used for future annual report notification)	
For further information concerning t	is matter, please call:	
Steven Valenti Name of Person	NValentin. at (863) 473 · 11039  Area Code Daytime Telephone Number	
Enclosed is a check for the following	amount:	
	Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, ficate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	
Mailing Address: Registration Section Division of Corporatio 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

(A	Florida Limited L	iability Company)	Tour records.		
The Articles of Organization for this Limited Liab Florida document number <u>L2300108</u>	oility Company	were filed on <u>Ma</u>	rch 1,202	3_ and a	ssigned
This amendment is submitted to amend the follow	ing:				
A. If amending name, enter the new name of the Brave Bowber  The Brave Bowber  The new name must be distinguishable and contain the word	Studio	LLC		phreviation "	·! . C
Enter new principal offices address, if applicab		ny company, me acaig.	narion size of the al	r=1	
(Principal office address MUST BE A STREET				- 3	
				i do la companya di seriesa di se	
Enter new mailing address, if applicable:			.1	<u> </u>	
(Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>		r	नि क	
B. If amending the registered agent and/or registered agent and/or the new registered office address because the second of the new registered of the second	here:	ddress on our recon	. ,	<u>1e of the n</u>	<u>ew registered</u>
Name of New Registered Agent:	<u>572Ver</u>	Valentin	· Lalenti	Λ	
New Registered Office Address:	9 401	Enter Florida s	street address		
	Daven	Port.	, Florida	33% Zip Code	37.
Name Danistaned Amenda Cinnetten, if the mains Dan	sintanad Acamer				

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 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	Steven Valent	in Valentin 9 Holly Dr. Devenport. Fl	33897
		<u> </u>	□Remove
			□ Change
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			Remove
	<del></del>		□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 more than 90	(optional)	Pursuant to 605.0	1707 (
ote: If the date inserted in this block does not meet the applicable statutory filing requirer			
ocument's effective date on the Department of State's records.			
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear	lier of: (b) The	90th day after t	the
is filed.	(0, 0, 0, 0		
ated May 1 . 2023.			
Har Cliffin			
Signature of a member or authorized representative of a member	er	<del></del>	