

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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H230004314023ABCT

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Division of Corporations

Fax Number : (850)617-6383

from:

Account Name : CKO CONSULTING AND TAX SERVICES LLC

Account Number : I20220000100 Phone : (321)366-0510 Fax Number : (321)366-0511

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:		

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN STUDIO KARINA BELIZIO, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

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Electronic Filing Menu Corporate Filing Menu

Help DEC 21 2023

		COVER LETTE	R H336	100 4314 023	
TO: Registration Se Division of Cor					
CUBIROR !	STUDIO KAI	RINA BELIZIO, LLC			
SUBJECT: '	Name of Lim	ited 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:			
	CRISTIANE OLIVEIRA	A SILVA			
	· · · · · · · · · · · · · · · · · · ·	Name of Person			
	CKO CONSULTING A	ND TAX SERVIC <mark>E</mark> S LI	LC		
		Firm Company			
	7065 WESTPOINTE BLVD STE 303				
		Address			
	ORLANDO - FL + 3283.	5			
	CEO@CKOACCOUNTI	City/State and Zip Code			
	- -	to be used for future annual	report notification	п)	
For further information c	oncerning this matter, please ca	a11:			
CRISTIANE OLIVER	RA SILVA	321 at ()	366 0510		
Name o	f Person	Area Code	Daytime Tele	phone Number	
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Fiting Fee Certified Copy (additional copy is en		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres Registration S Division of C	Section		ration Section		
P.O. Box 632			on of Corpora		

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Tallahassee, FL 32314

TO:18506176383 FROM:3213660511

4330001/21/1323 AGCT

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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12:03 PM T0:18506176383 FROM:3213660511

ABTICLES OF AMENDMENT 1133000 4314023

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STUDIO KARINA BELIZIO, LLC	
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on	and assigned
Florida document number L23000148734	
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:	·
Principal office address MUST BE A STREET ADDRESS)	
-	
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registered office address on our records, <u>enter the nam</u>	se of the new regic
gent and/or the new registered office address here:	≈ or the hemitegia
	ź
Name of New Registered Agent:	-
N. D	
New Registered Office Address: Enter Florida street address	: "
	· · · · · · · · · · · · · · · · · · ·
, Florida	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

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Page:	5	12/19/2023	12:03 PM	TO: 18506176383 F	39м; 32,13660511	
	nending	Authorized Person from our records:	n(s) authorized to	manage, enter the title, name	and address of each pe	rson being added
	R = Mi BR = Au	anager uthorized Member				
Title	}	<u>Name</u>		Address	2	Vpe of Action
						_ IIAdd

		Remove
	***	_ Change
		□Add
		_ URemove
		_ Change
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ctive	date, if other than the date of filing: (optional)
:ff∝ii : If i	we 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, the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed.
ment	's effective date on the Department of State's records.
	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after
filed.	
	DECEMBER 19 2023
d	· · · · · · · · · · · · · · · · · · ·
	Karina Joselyn Belizio Merolu
	Karama Jarelyn Telliana Mercely Signature of a member or authorized representative of a member
	Signature of a ringular of authorized representative of a member
	KARINA EVELYN BELIZIO MEIRELES

Filing Fee: \$25.00