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COVER LETTER

	Registration of	on Section f Corporations
s ['] UBJEC	wild F	Petał Studios LLC
30000	~ · · ·	Name of Limited Liability Company
The encl	osed Article	es of Amendment and fee(s) are submitted for filing.
Please re	turn all corr	respondence concerning this matter to the following:
		Lolita Defoe
		Name of Person
		Wild Petal Studios LLC
		Firm/Company
		2404 Courtney Meadows CT apt 303
		Address
		Tampa, FL 33619
		City/State and Zip Code wildpetalstudios@icloud.com
		E-mail address: (to be used for future annual report notification)
For furth	er informati	ion concerning this matter, please call:
Lolita De	efoe	813 550-6887 at ()
	Na	ame of Person Area Code Daytime Telephone Number
Enclosed	l is a check	for the following amount:
■ \$25.0	00 Filing Fe	ce S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	<u>Mailing Ad</u> Registrati	ddress: Street Address: 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



Wild Petal Studios LLC

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		i	
(Name of the Limited Li (A F	iability Company as it now appea lorida Limited Liability Company)	ars on our records.)	AIE
The Articles of Organization for this Limited Liabili			
Florida document number L23000262983			
This amendment is submitted to amend the followin	g:	ĺ	
A. If amending name, enter the new name of the	limited liability company h	<u>iere</u> :	
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 A	DDRESS)		
		1	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	1	
B. If amending the registered agent and/or regist agent and/or the new registered office address he Name of New Registered Agent:		records, enter the na	ıme of the new register
New Registered Office Address:			
	Enter Flo	orida street address	
<u> </u>		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Regis	tered Agent:		
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper a accept the obligations of my position as registere being filed to merely reflect a change in the regis company has been notified in writing of this char	nd complete performance o ed agent as provided for in stered office address, I here	f my duties, and Lai Chapter 605, F.S. C	n familiar with and Or, if this document is
	If Changing Registered A	gent. Signature of New	 Registered Agent
	The second secon	P	

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	Lolita Defoe	2404 Courtney Meadows CT apt 303	≣ Add
		Tampa, FL 33619	□Remove
			□Change
AR	Lolita Defoe	2404 Courtney Meadows CT apt 303	□Add
		Tampa, FL 33619	≡ Remove
			□Change
			□Add
			□Remove
			□Change
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			□Add
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