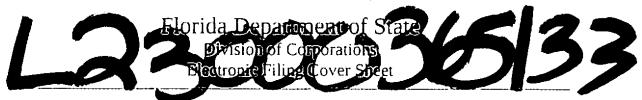
Division of Corporations



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.

(((H23000401911 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number: I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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 KEISERSTUDIOS LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

T. LEMIEUX

NOVI27 2023

Electronic Filing Menu Corporate Filing Menu

To: 18506176383

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KEISERSTUDIOS LLC	
(Name of the Limited Liabil (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)
The Articles of Organization for this Limited Liability (Florida document number L23000365133	Company were filed on 08/03/2023 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	nited liability company here:
The new name must be distinguishable and contain the words "Lin	nited 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 ADD	RESS)
Enter new mailing address, if applicable:	
•	
(Mailing address MAY BE A POST OFFICE BOX)	-
	30 30 30
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, enter the name of the new registe
	18.)
Name of New Registered Agent:	
New Registered Office Address:	φ;
	Enter Florida street address - 19
	, 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.

11/21/2023 12:11:30 PST_

To: 18506176383

Page: 3/4

From: Registered Agents Inc.

Fax: 8134365206

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

Title	<u>Name</u>	Address	Type of Action
MGR	ALLRAM, BEN	7901 4TH ST N STE 300	□Add
		ST. PETERSBURG, FL 33702	☑Remove
MGR Starkl. Oliver	Starkl, Oliver	7901 4TH ST N STE 300	ZIAdd
		ST. PETERSBURG, FL 33702	
			[]Change
			🗆 Add
			□Remove
			Change
			□ Add
			□Remove
			Change
			□Add
			□Remove
			Change
		<u></u>	□Add
			□Remove
			□ Change

D. It amending any other inform	nation, enter change(s) here: (Attach additional sheets, if necessary.)	
		
		<u></u>
	·	
		
-		
	ust be specific and cannot be prior to date of filing or more than 90 days after filing.) Purso block does not meet the applicable statutory filing requirements, this date will a	
the record specifies a delayed effecti cord is filed.	ive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th	day after the
Dated November 21	. 2023	
	Signature of a member or authorized representative of a member	
	Nat Smith	
	Typed or printed name of signee	