L23000368133

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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

Electronic Filing Menu   Corporate Filing Menu

FEB 15 2024
T. LEMIEUX

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

KeiserStudios 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 __08/03/2023__ and assigned
Florida document number __L23000365133__.

This amendment is submitted to amend the following:

__A. If amending name, enter the new name of the limited liability company 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)

_____

_____

_____

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

_____

_____

__B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:__

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter 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

Title	Name	Address	Type of Action
MGR	Allram, Ben	7901 4TH ST N STE 300	☑ Add
		ST. PETERSBURG, FL 33702	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

_____

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_____

E. Effective date, if other than the date of filing: _____ **(optional)**

(If an effective 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated   February 14 _____ ,   2024 _____ .

_____
Signature of a member or authorized representative of a member

Nat Smith
_____
Typed or printed name of signee

Filing Fee: $25.00