

L23000447755

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

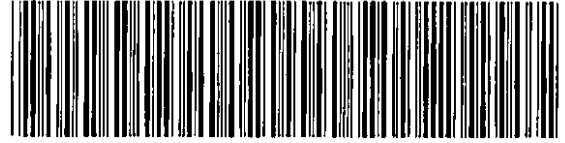
(Document Number)

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10/03/23--01037--002 \*\*25.00

23 OCT -3 AM EP-41

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Studio Eight LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Daeshah Z. Ramsey  
Name of Person

Studio Eight LLC  
Firm/Company

6812 Hazelnut Spice dr.  
Address

Ruskin, FL 33573  
City/State and Zip Code

Daeshah Ramsey4@icloud.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daeshah Ramsey at (813) 279-4361  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**Mailing Address:**

Registration Section  
Division of Corporations  
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**

Studio Eight LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

23 OCT - 11  
MID FL

The Articles of Organization for this Limited Liability Company were filed on 9/27/2023 and assigned  
Florida document number L23000447755

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)**

6812 Hazelnut Spice  
Dr. Ruskin FL 33573

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

6812 Hazelnut Spice  
Dr. 33573 Ruskin FL

**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:

Daeshah Ramsey

New Registered Office Address:

6812 Hazelnut Spice Dr.

Enter Florida street address

Ruskin

City

Florida

33573

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.*

Daeshah Ramsey

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

| <u>Title</u> | <u>Name</u>        | <u>Address</u>                             | <u>Type of Action</u>  |
|--------------|--------------------|--|--|
| MGR          | Doeshah<br>Jusiman | 6812 Hazelnut Spice<br>dr. Ruskin FL 33513 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
|              |                    |  | <input type="checkbox"/> Change  |
| MGR          | Doeshah<br>Ramsey  | 6812 Hazelnut Spice<br>dr. Ruskin FL 33513 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |                    |  | <input type="checkbox"/> Change  |
|              |                    |  | <input type="checkbox"/> Add   |
|              |                    |  | <input type="checkbox"/> Remove  |
|              |                    |  | <input type="checkbox"/> Change  |
|              |                    |  | <input type="checkbox"/> Add   |
|              |                    |  | <input type="checkbox"/> Remove  |
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|              |                    |  | <input type="checkbox"/> Remove  |
|              |                    |  | <input type="checkbox"/> Change  |
|              |                    |  | <input type="checkbox"/> Add   |
|              |                    |  | <input type="checkbox"/> Remove  |
|              |                    |  | <input type="checkbox"/> Change  |

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

Last name should be updated to reflect  
"Ramsey"

E. Effective date, if other than the date of filing: 9/25/2023 (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 \_\_\_\_\_ . \_\_\_\_\_ .

\_\_\_\_\_  
Signature of a member or authorized representative of a member

\_\_\_\_\_  
Typed or printed name of signee