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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

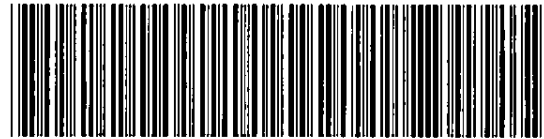
(Business Entity Name)

(Document Number)

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2024 APR 15 PM 4:50

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STUDIO 194 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:

Norman Harris Jr.

Name of Person

STUDIO 194 LLC

Firm/Company

5445 Magdelene Way

Address

Zephyrhills, Florida 33541

City/State and Zip Code

normanharrisjr2011@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Norman Harris Jr

850 879-2182
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(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

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

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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 April 12, 2024

Norman Heig Jr
Signature of a member or authorized representative of a member

Norman Harris, Jr.

Typed or printed name of signee

Filing Fee: \$25.00