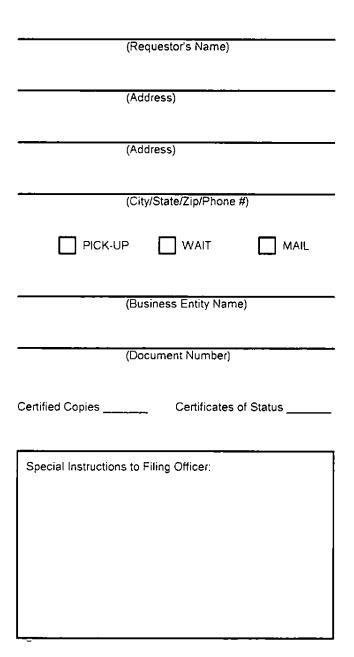
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## **COVER LETTER**

STUDIO 19 SUBJECT:	STUDIO 194 LLC  Name of Limited Liability Company		
SUBJECT:			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Norman Harris Jr.		
		Name of Person	<del></del>
	STUDIO 194 LLC		
		Firm/Company	
	5445 Magdelene Way		
	Address		
	Zephyrhills, Florida 3354	1	
	City/State and Zip Code		
	normanharrisjr2011@gmail	.com to be used for future annual report notif	ication
For further information c	oncerning this matter, please c		leamony
Norman Harris Jr	-	850 879-2182	
Name o	f Person	at () Area Code Daytime	: Telephone Number
Enclosed is a check for the	ne 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 Addres	: <u>s:</u>	Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

**Registration Section** 

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 194 LLC	av as it now appears on our records.)	
(Name of the Limited Liability Compar (A Florida Limited L	iability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 10/23/2023	and assigned
lorida document number L23000483904		
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liab	ility company here:	
Comfort Measures Consulting LLC	W. C.	the abbreviation "L. I. C."
he new name must be distinguishable and contain the words "Limited Liabil		r the appreviation (L.C.C.
Enter new principal offices address, if applicable:	5445 Magdelene Way	2024
Principal office address MUST BE A STREET ADDRESS)	Zephyrhills, FL 33541	<u> </u>
Frincipus office dudress MOSX DO.		Fig.
	<del></del>	<del>-</del>
II	5445 Magdelene Way	<u> </u>
Enter new mailing address, if applicable:	Zephyrhills, FL 33541	
(Mailing address MAY BE A POST OFFICE BOX)		. Ул
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter th	ne name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	rida
	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:

,		
MCR =	Manager	
MOIN	1 1 Marchay	
AMRR =	Authorized Member	

AMBR = Au	thorized Member		Type of Action
<u>Title</u>	<u>Name</u>	Address	<u>- , p - , - , - , - , - , - , - , - , - </u>
<del></del>			□Add
			□Remove
			[]Change
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			□Remove
			Change

amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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	effective date, if other than the date of filing:  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  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
. Effe	ctive date, if other than the date of filing:
(If an	effective date, if other than the date of things effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Fursiant to describe effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Fursiant to describe the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as each of the Department of State's records.
doc	e: If the date inserted in this block does not declared in thi
f the re	cord 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
ecord i	s filed.
	2624
Da	red April 12. 2024.
	ted April 12 2024.  The signature of a member or authorized representative of a member.
	Signature of a member or authorized representative of a member
	- 5

Filing Fee: \$25.00