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## COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: ALEF	STUDIOS LLC  Name of Limited Liability Company	
	· · · · · · · · · · · · · · · · · · ·	
The enclosed Articles of Amendme	ent and fee(s) are submitted for filing.	
Please return all correspondence cor	oncerning this matter to the following:	
U	visaylen urdaneta	
	Name of Person	
	Firm/Company	
<u> </u>	34 NW 43120 ST	
	Address	
	107M1, FL 33127	
LU	UI Say Len @ HOTMail. com	
	E-mail address: (to be used for future annual report notification)	
For further information concerning		
LUISAYLEN U	redaneta at (786) 304 0461 Paytime Telephone Number	er.
Name of Person	Area Code Daytime Telephone Number	4 mateur
Enclosed is a check for the followin	19° *	
☐ \$25.00 Filing Fee X \$30.	0.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALEE STUDIOS ILC

(Name of the Limited Liability Compa (A Florida Limited)	
The Articles of Organization for this Limited Liability Company Florida document number \(\frac{\sqrt{23000540}}{\sqrt{2300540}}\)	were filed on 12/08/2073 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	539 NW 43FM 31
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33127
	524 NW 43Rd ST
Enter new mailing address, if applicable:	MIAMI FL 33127
(Mailing address MAY BE A POST OFFICE BON)	1911.00°0, 7L 35127
	크를

Name of New Registered Agent:

Name of New Registered Agent.

agent and/or the new registered office address here:

COISOMETA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new B

urdaneta

New Registered Office Address:

Enter Florida street address

et address

(v / /

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.

Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Tille AMBR	Name LVISGYLPN URDANETA	Address S34 NW 43Rd ST	Type of Action
AMBR	David Julca	MIAMI, FL 33127 S34 NW 43Rd ST MIAMI, FL 33127	□Remove □Change
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			TALL Add
			ERem 56 □Change
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Effective	e date, if other than tive date is listed, the date	the date of filia	<sub>ng:</sub> 0731	12024	<del> </del>	(optional)		12 M
Note: If	tive date is listed, the date the date inserted in the office on the triple of the on the triple of the one of the order o	is block does not	meet the applica	able statutory fili	more than 90 day ing requiremen	s after filing ts. this date	willings-be	e lisiwi as t
ne record : ord is tilec	specifies a delayed effe l.	ective date, but no	ot an effective ti	me, at 12:01 a.m	, on the earlier	of: (b) Tl	ie 90th day	after the
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e	01/31/20	<u> </u>	·					
	<u> </u>	Signature of a	· ——	 Uda	netre			

Typed or printed name of signee