Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

Electronic Filing Cover Sheet

(((H24000295012 3)))



H240002950123ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

Enter the email address for this business entity to be used for ruture annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MC RESIG

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BAYSHORE STUDIO LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

2024 AUG 30 PM 12:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

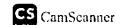
Chance of the Limited Liability Company as it now and care (A Florida Limited Liability Company)	on the manufacture of					
The Articles of Organization for this Limited Liability Company were filed on Mark	th, 11, 2024 and assigned					
Florida document number L24000120684						
This amendment is submitted to amend the following:						
A. If smending name, enter the new name of the limited liability company her	£:					
Bayshore Studio's LLC						
The new name must be distinguishable and contain the words "Limited Liability Company," the des	ignation "LLC" or the at breviation "LLC."					
Enter new principal offices address, if applicable:						
(Principal office address MUST BE A STREET ADDRESS)						
	. 2					
	724					
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE BOX)	<u>-</u> 2> ω					
Manual surres MAT DE ATOST OFFICE BOX	70~					
	min 3					
B. If amending the registered agent and/or registered office address on our re-	cords, enter the name of the pew regula					
agent and/or the new registered office address here:	r'≥ g					
	<i></i> , U					
Name of New Registered Agent:						
Non-Barden d Office Address	;					
New Registered Office Address: Enter Flori	Enter Florida street address					
City	, Florida Zip Code					
New Roristered Agent's Signature, If changing Registered Agent:	•					

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(a) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M	isnager uthörlæd Member		
Title	<u>Name</u>	Address	Type of Action
			DA6d
٠			DRemove
*			Chunge
			C)Add
			🖰 Кеплоче
			Cl Change.
			2024 AUG 30
·			PH IZ: 00
			O Remove
			DAdd
			DRemove
			O Change
			DÀdd
			Remove



——— Change

		<u></u>	<u>.</u>			·					
 ,"			·· - ····	•		:		 -			
			· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·					
	.: -	·. ·									
			 			······································					
	<u> </u>										
								: 	<u> </u>		
		÷	,						••	•	
	<u> </u>	 		 				<u></u>			
		•									
		· .	:				:	:	,		
		,		-:					<u></u> -		202
			·		<u> </u>					25	تبر حد
		•		:					• ;		2024 AUG 30
				:				:: -		5	ဍ
		: : .				:			. · · ·	· (x) -<	_
	:							-:-		(1) (1)	PH 12:
	. <i>y</i> .	 :					· · ·	-: -		- (C)	$\ddot{\Sigma}$
:						. :.					00
											_
		<u>. 17 </u>		` ::		.,		<u></u>			
					11 2024				•		
Mective	date, if other	than the	date of fills	Vignit	13,2024			(option	±ĺ)		
an offect	ive date is listed, the date inserte	he date mu d la this bl	st be specific is	med the ar	prior to date of	filing or more to	han 90 da;	ys after fil ta ithis d	ing.) Pura ate svill r	und to 605.0 not be lister	207 (1)(b) das the
ocumen	i's effective dat	e on the D	spartment of	State's reco	ārds.		4,	-,			

Filing Fee: \$25.00

Typed or printed name of signee

