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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ALLSTATE CORPORATE SERVICES CORP

Account Number : I20040000031 Phone : (800)906-9220 Fax Number : (800)906-9880

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

Email Address:___

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 1542 LLC

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T. LEMIEUX

Help APR 0 9 2024

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Laxitas

From: Naomi Ostopowitz

(((H24000126948 3)))

To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MITTOBL	S OF OROMINEMITOR	
	OF	\$ 4
Y		,
	En C	
(Name of the Dimited Union (A Florid	lity Company as it now appears on our records.) Ja Limited Liability Company)	
he Articles of Organization for this Limited Liability	Company were filed on 03/15/2024	and assigned
orida document number 1.24000130797		
orida document number	 '	
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the lin	nited liability company here:	
TUDIO 1542 LLC		
he new name must be distinguishable and contain the words "Lin	minut Linkillis, Company "The decimation "LLC" or th	ve abbreviation of 1. C."
te new hance mast re-distinguishaste and contain the stores 120	anted flatering company. The designation (1232) of the	ic district that the first that
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	(RFCC)	
Imequa office dualess mest be A STREET ADD	<u>KLOD</u>	
		
		24/
nter new mailing address, if applicable:		- TT
.,		
<u> Aailing address MAY BE A POST OFFICE BOX)</u>		<u> </u>
		- N
. If amending the registered agent and/or registere		iame of the new register
gent and/or the new registered office address here:		., 10
Name of State Designation of Name		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida	Zip Code
	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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

Lexitas

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
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			Remove
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			□Remove
			□ Chance

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D. If amending	any other information, enter change(s) here: (Attoch additional sheets, if necessary.)
	
Note: If the c	te, if other than the date of filing:
f the record speci ecord is filed	fies a delayed effective date, but not an effective time, at 12 (11 a m) on the earlier of: (h). The 90th day after the
Dated	2024
	/S/ STEVE BRASWELL
	Signature of a member or authorized representative of a member
ST —	EVE BRASWELL
	Typed or printed name of signee