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COVER LETTER

TO: Registration Section

Tallahassee, FL 32314

Division of Co	prporations		
	it Takes Studios LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Carlos R. Medina		
		Name of Person	
	whatever it takes llc		
		Firm/Company	·
	8303 Bryce Canyon Ave.		
		Address	
	Windermere, FI 34786		
		City/State and Zip Code	
	charchbori@gmail.com		
	E-mail address: (to be used for future annual report ne	otification)
For further information	concerning this matter, please c	all:	
Carlos R. Medina		407 968-6092 at ()	
Name o	of Person		ime Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	© 830.00 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 Addre		Street Address:	
Registration		Registration S	
Division of C P.O. Box 632		Division of Co The Centre of	•
		The Confe (/I	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF 25.

Whatever It Takes studios Ilc

OF

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited	Liability Comp	oany were filed on April 1.2	024 and assigned
Florida document number 1.24000154984			
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited	liability company here:	
Charch Studios LLC			
The new name must be distinguishable and contain the	words "Limited 1	liability Company," the designati	on "LLC" or the abbreviation "L,L,C,"
Enter new principal offices address, if appl	icable:	n/a	
(Principal office address MUST BE A STRE	ET ADDRESS	5)	
· -		_	
Enter new mailing address, if applicable:		n/a	
(Mailing address MAY BE A POST OFFICE	E BOX)		
-			
B. If amending the registered agent and/or		ice address on our records	, enter the name of the new register
agent and/or the new registered office addr	ess here:		
	,		
Name of New Registered Agent:	n/a —		
New Registered Office Address:	n/a		
		Enter Florida stree	et address
			, Florida
		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:

MGR =	Manager
AMBR =	Authorized Member

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

	The only changes will be the title of the limited liability company.
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ecti	May 30, 2024 ve date if other than the date of filing: (optional)
eff	ve date, if other than the date of filing: (optional) (
<u>e:</u>	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
um	the seffective date on the Department of State 8 feedings.
	A marificant behaved affective transfer and a
s fil	d 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 ed.
ed .	May 30 2024
	Cold XXV
	Signature of a member or authorized representative of a member

Typed or printed name of signee