

**L24000236329**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

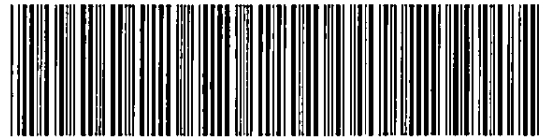
(Business Entity Name)

(Document Number)

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2024 SEP 30 PM 2:05  
SECRETARY OF STATE  
TALLAHASSEE, FL

# Rosales Lopez

ATTORNEYS AT LAW

SENDER'S NAME: MAX A. LOPEZ, ESQ.  
SENDER'S EMAIL: MLOPEZ@DTMIAMILAW.COM

September 25, 2024

Amendment Section  
Florida Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

*Sent via U.S. Priority Mail*

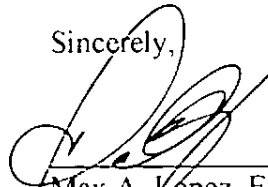
**Re: Articles of Amendment for Document No: L35000236329**

To Whom It May Concern:

The undersigned represents the Corporation in the above-captioned matter. We are submitting the attached Articles of Amendment to change the Corporation's Zip-code from 33045, to 33054. Please see enclosed Check No. 1066, in the amount of \$25.00 for the required filing fee.

If you require anything further from our end, please do not hesitate to contact the undersigned.

Sincerely,

  
\_\_\_\_\_  
Max A. Lopez, Esq.  
For the firm

MAL/aa  
Enclosures

RECEIVED  
FLORIDA DIVISION OF CORPORATIONS  
TALLAHASSEE, FL  
SEP 30 PM 2:06

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: STANEK STUDIOS

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State and Zip Code

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_) \_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

2014 SEP 30 PM 2:06  
SECRETARY OF STATE  
TALLAHASSEE, FL

Enclosed is a check for the 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 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**

STANEK STUDIOS, LLC

(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 Company were filed on 05/21/2024 and assigned  
Florida document number 124000236329.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: \_\_\_\_\_

(Principal office address MUST BE A STREET ADDRESS) \_\_\_\_\_

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address MAY BE A POST OFFICE BOX) \_\_\_\_\_

2099 NW 141 STREET

UNIT 1

OPA-LOCKA, FL 33054

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

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

Enter Florida street 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 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:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

SECRETARY OF DEFENSE  
TALLAHASSEE, FLORIDA  
2024 SEP 30 PM 2:00  
2024 SEP 30 PM 2:00

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

2021 SEP 30 PM 2:08  
SECRETARY OF THE ARMY  
FALLIN

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an 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 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated September 25, 2024

Kathleen Gaud

Signature of a member or authorized representative of a member

KATHERINE STANEK

Typed or printed name of signee

**Filing Fee: \$25.00**