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(shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ZENBUSINESS INC. Account Number : I20230000190 Phone : (844)449-3624

Fax Number

: (512)597-0678

* <b>*g</b> nter the ≟∂∂anoual	email address for this busine report mailings. Enter only	ess entity to be used one email address pl	d for future ease.**
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## COVER LETTER

TO:				, •
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SUBJI	ECT:		Name of Llm	jied Liability Company
The en	O: Registration Section Division of Corporations  Three Say Studio LLC    Name of United Liability Company			
			•	-
	•	•	Jonathan Taboada	
-				Name of Person
			ZenBusiness INC	
				Firm/Company
		.9	336 E. College Ave Suite	301
				Address
			Tullahassee, FL 32301	
				City/State and Zip Code
	71:	li <u>e</u>		
		•	E-mail address: t	to be used for future annual report notification)
For fur	ther in	formation co	oncerning this matter, please c	all:
c/o Z	enBusi	ness INC		
		Name of	Person	Area Code Daytime Velephone Number
Enctos	ed is a	check for th	e following amount:	
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		ahassee. F		2415 N. Monroe Street, Suite 810

2415 N. Monroe Street, Suite 810 Tallahassee, Ft. 32303

5 4 Pto

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Three Sxty Studio LLC		
(Name of the Limited Linb (A Flori	ollity Company as it now appears on our records.) Ida Limiled Etability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 66/24/2024	and assigned
Florida document number L24000252114		- · · · · ·
·	·	
This amendment is submitted to amend the following:		
er A. If amending name, <u>enter the new name of the li</u>	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited 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 ADI	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
oz, sa te nyezy z Company sa ve		2.0.2
B. If amending the registered agent and/or register	red office address on our records, <u>enter the m</u>	ame of the new register
agent and/or the new registered office address here	2:	= 7
		25
Name of New Registered Agent:		<u> </u>
• •		ů O
New Registered Office Address:	Enier Florida street address	5
	emas 1 ko maso ceamons.	9,
	, Florids	S
	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.

To:

Page: 4 of 5"

2024-06-25 12:19:59 UTC+14

18506176383

From: ZenBusiness User

If amending Authorized Person(s) nuthorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR ≈ Authorized Member

Title	Name	Address	Type of Action
AMBR	Dave Titus	160 W Camino Real #1069	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
		Boca Raton, Fl. 33432	
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	/s/Dave Titus						
		Signature of	a member or aut	horized represent	ative of a member		
	Dave True Membr	ır					
	Dave Trus, Membe	er	Lincol in Salar	tod name of slow	ce		

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