To:

Division of Corporations

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.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : AV ACCOUNTING ASSOCIATES CORP

Account Number : I20220000141 : (954)937-5905 Fax Number : (954)208-0209

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

C	Address:		
CHICAL	MUUI C33.		

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **G3 STUDIO LLC**

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Corporate Filing Menu

Help

COVER LETTER

	egistration Sec vision of Corp			
oun incr	G3 STUDIO			
SUBJECT	·	Name of Lim	ited Liability Company	
The enclose	ed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please retui	n all correspon	dence concerning this matter	to the following:	
		-	Name of Person	
			Firm/Company	
			гиаг со праву	
			Address	
			City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For further	information co	ncerning this matter, please or	ali:	
			at () Area Code Daytino	
Name of Person		Area Code Daytino	: Telephone Number	
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

09 From: Alfonso Velez

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

G3 STUDIO LLC			
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our r Liability Company)	ecords.)	
The Articles of Organization for this Limited Liability Company	were filed on 06/04/2024	and assigned	
Florida document number 1.24000253681			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	382 Velveteen Pl		
Principal office address MUST BE A STREET ADDRESS)	Chuluota, FL 32766		
		20	
Enter new mailing address, if applicable:	382 Velveteen Pi	SHAR +	
Mailing address MAY BE A POST OFFICE BOX)	Chuluota, FL 32766	<u> </u>	
		<u> </u>	
B. If amending the registered agent and/or registered office	address on our records, <u>e</u>	enter the name of the new registers	
agent and/or the new registered office address here:		\$ to ²	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street o	uddress	
***************************************		Florida	
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code	

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

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<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	LUIS F LOPEZ GALLON	382 Velveteen Pl	□Add
		Chuluota, FL 32766	□Remove
			■ Change
			□ Add
			□Remove
			□Change
<u> </u>			🖸 Add
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			□Add
			□Remove
			Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 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. MARCH 6 2025 Luis F Lopez G Signature of a member or authorized representative of a member LUIS F LOPEZ GALLON

Typed or printed name of signee