## 01E 284000 PAL

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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## **COVER LETTER**

Tallahassee, FL 32314

TO: Registration S Division of Co				
	ONA STUDIO LLC			
SUBJECT:	Name of Lin	aited Liability Company	<del></del>	
The enclosed Articles o	of Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	oondence concerning this matter	to the following:		
	WILLMER WILLIAMS			
		Name of Person		
		Firm/Company		
	1465 NE 123RD ST APT	202		
		Address		
	NORTH MIAMI, FL 3310	51		
	willmerwilliams l@gmail.e	City/State and Zip Code om to be used for future annual report notif		
For further information	concerning this matter, please c		iteation)	
WILLMER WILLIAMS		786 365-7349		
Name	of Person	at () Area Code Daytimo	e 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 Addre		Street Address: Registration Sec	Tion	
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

7624.1 11 30 51 51 51 51

Zip Code

	100 1.1 1.0 01
y as it now appears on our records.) ability Company)	· ·
were filed on <u>06/24/2024</u>	and assigned
i <u>ty company here</u> :	
y Company," the designation "LLC" or	the abbreviation "L.L.C."
ldress on our records, <u>enter the</u>	name of the new registe
	· <del>, ,</del>
Enter Florida street address	
, Florid	a
	y Company," the designation "LLC" or ldress on our records, enter the

## 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.

Cuv

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title '	<u>Name</u>	Address	Type of Action
AMBR	WILLIAM WILLIAMS	1465 NE 123RD ST APT 202	□Add
		NORTH MIAMI, FL 33161	■Remove
			□Change
AMBR	WILLMER WILLIAMS	1465 NE 123RD ST APT 202	■Add
		NORTH MIAMI, FL 33161	□Remove
			□Change
			□Add
			□Remove
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E. Effective date, if other th	nan the date of fili:	ng:		(optional)	
(If an effective date is listed, the Note: If the date inserted i document's effective date of	date must be specific at n this block does not	nd cannot be prior ( meet the applica		than 90 days after filing.) Pur	
If the record specifies a delayed record is filed.	effective date, but no	ot an effective tii	ne, at 12:01 a.m. on	he earlier of: (b) The 90	th day after the
JULY 12		2024			
Dated JULY 12  My	1.1 0/1	-· <del></del>	·		
(Als)	Louse Williams				
vivy	yame.				

Typed or printed name of signee