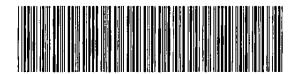
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PICK-UP WAIT MAIL
(Business Entity Name)
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Certified Copies Certificates of Status

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COVER LETTER

TO:

Registration Section

Division of Co	rporations				
	nd Studio LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Beth Ireland				
		Name of Person			
	Beth Ireland Studio LLC				
		Firm/Company			
	1126 22nd Ave North				
Address					
	St Petersburg, FL 33704				
		City/State and Zip Code			
	beth,ireland@verizon.net		 		
		to be used for future annual report notif	ircation)		
For further information	concerning this matter, please co	all:			
Beth Ireland		617 519-5022 at ()			
Name	of Person	Area Code Daytimo	e Telephone Number		
Enclosed is a check for t	the following amount:				
■ \$25.00 Filing Fee	X \$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:	A		
Registration Section Division of Corporations		Registration Section Division of Corporations			
P.O. Box 63		The Centre of Tallahassee			
Tallahassee.	FL 32314	2415 N. Monroe Tallahassee, FL	e Street, Suite 810 32303		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Beth Ireland Stuio		
(Name of the Limited I	.iability Company as it now appears on our re Torida Limited Liability Company)	cords.)
the Articles of Organization for this Limited Liabi lorida document number L24000356906	- · · · -	and assigned
nis amendment is submitted to amend the following	ng:	
. If amending name, enter the new name of the	e limited liability company here:	
eth Ireland Studio LLC		
te new name must be distinguishable and contain the words	s "Limited Liability Company." the designation "	LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable	e:	
Principal office address MUST BE A STREET A	ADDRESS)	
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO	X)	
	- 	
3. If amending the registered agent and/or registered office address h		iter the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	·····	
	Enter Florida street ac	ldress
_		. 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
			□Remove
			□Change
			□Add
			□Remove
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			□Change

						
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3A2 Arla	September 3	20)24			
Signature of a member or authorized representative of a member		·	<u> </u>			•
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Filing Fee: \$25.00