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## **COVER LETTER**

TO:

TO:	Registration Se Division of Cor			
<b></b>		ISTUDIO	D.COM LLC	
SUBJI	кст:	Name of Lim	ited Liability Company	<del></del>
		Amendment and fee(s) are sub		
Please	return all correspo	ndence concerning this matter	to the following:	
			MICHAEL GLEISSNER	
			Name of Person	
			ISTUDIO.COM LLC	
			Firm Company	
		626	N. ILLINOIS STREET, SUITE	300
			Address	
			INDIANAPOLIS IN 46204	
			City/State and Zip Code	
		E mail nellenes	filing-US-FL@moas.com to be used for future annual report no	stification)
For fur	ther information c	oncerning this matter, please of	•	meation)
	MICHAEL O	-	317 660-6226	
Name of Person		at () Area Code Dayti	me Telephone Number	
Enclos	ed is a check for th	ne following amount:		
<b>≡</b> \$2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration 5		Street Address: Registration S	ection
	Division of C		Division of Co	
	P.O. Box 632	7	The Centre of	Tallahassee
	Tallahassee, I	L 32314	2415 N. Mont	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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ISTUDIO.CO	DM LLC	:- :- :- :-	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number	were filed on July 29, 1999	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company" the designation "LLC" or the a	harmistion "L.I.C."	
Enter new principal offices address, if applicable:	626 N. ILLINOIS STREET	ooreviation 1.1e.	
(Principal office address MUST BE A STREET ADDRESS)	SUITE 300		
	INDIANAPOLIS IN 46204		
Enter new mailing address, if applicable:	626 N. ILLINOIS STREET		
	SUITE 300		
Mailing address MAY BE A POST OFFICE BOX)	INDIANAPOLIS IN 46204		

## 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.

City

. Florida \_

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
			□Change
<del></del>			□Add
			□Remove
			□Remove
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			□Add
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