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Office Use Only



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COVER LETTER

TO:	~	ration Section on of Corporati	ons			
SUBJI	ECT: _	RICARDO	VOLLBRECHTE	HOSEN	STUDIOS, L	
			Name of Foreig	gn Limited	Liability Cor	mpany
Dear S	Sir or Ma	dam:				
The er	nclosed a	pplication, cert	tificate and fee(s)	are subm	itted for filing	
Please	return a	ll corresponder	nce concerning th	is matter t	o the followin	ıg:
RICH	AKV0	VOLLBRECHT				
		Name	of Person			
YV IAN	røa savi	BYC/ HT HAUS	STUDIOS, LLG			
141-141	<u> </u>	Firm/0	Company			
93	4 500	15Ī AUS ##9	3 9			
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_MII	AMI,	FLORIDA , City/S	33136 tate and Zip Cod	c		
E-m	v 2280 nail addro	OCamail.co	for future annua	l report no	tification)	
For fu	rther info	ormation conce	rning this matter,	, please ca	II:	
RICH	ROO UC	UBRECHTH	AUSEN	at (908) 24	7 - 4155
		Name of Perso	on	Area	Code & Dayt	inic Telephone Number
	Registr Division P.O. B	Address: ration Section on of Corporat ox 6327 assee, FL 3231			Division The Center 2415 N	ddress: ation Section n of Corporations ntre of Tallahassee . Monroe Street, Suite 810 ssee, FL 32303
			or the following			
⊔\$25	Filing F		Fifing Fee & ficate of Status		iling Fee & ied Copy	S60 Filing Fee, Certificate of Status &
CR2E05	5 (9/15)					Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears of	on the records of the Florida	Department of
State: LAKAM NAAJ, LLC		
Enter new principal office address, if applicable:		2020 FEB 21
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		į į
2. The Florida document number of this limited liabi	lity company is: M18 0 (00002608
3. Jurisdiction of its organization: りとしゃ い	ARE	
4. Date authorized to do business in Florida:03		
(If name unavailable, enter alternate name adopted for	ontain "Limited Liability Co	business in Florida and attach a
copy of the written consent of the managers or management contain "Limited Liability Company," "L.L.C." 6. If amending the registered agent and/or registered registered agent and/or the new registered office additional agent.	officer address on our recor	
Name of New Registered Agent:		
New Registered Office Address:	Form Plani	da Street Address
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered agent is thereby accept the appointment as registered agent at the provisions of all statutes relative to the proper and accept the obligations of my position as registered document is being filed to merely reflect a change in liability company has been notified in writing of this	and agree to act in this cape ad complete performance of ed agent as provided for in (the registered office addres	my duties, and I am familiar with — Chapter 605, F.S. Or, if this

itle/ Capacity	<u>Name</u>	Address	Type of Action
	_		□Add
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			□Add
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aforementioned am	icate, if required: no more than 90 endment(s), duly authenticated by he law of which this entity is orga	the official having custody of records in th	□Remo

Typed or printed name of signee

Filing Fee: \$25.00





I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT THE SAID "LAKAM NAAJ, LLC",

FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "RICARDO

VOLLBRECHTHAUSEN STUDIOS, LLC" ON THE TWELFTH DAY OF NOVEMBER,

A.D. 2019, AT 1:04 O'CLOCK P.M.



Authentication: 202349131

Date: 02-08-20