M21000003122

(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:
Office Use Only



800383500648

LLC NK & Amera

2022 HAY 31 AM II: 28

RECEIVED

FILED

A. RAMSEY

JUN - 1 2022

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

		ACCO	NO.	:	120000000	195
		REI	FERENCE	:	713562	8338618
		AUTHOR:	IZATION	:	Louis	
		cos	r LIMIT	:	\$ (25.00	enan
						•
ORDER DA	ATE :	May 27, 2	2022			
ORDER TI	ME :	8:47 AM				
ORDER NO) . :	713562-00)5			
CUSTOMER	R NO:	83386	L8			
	· -		· 			
		<u>F(</u>	DREIGN F	ILIN	<u>1GS</u>	
1	IAME :	MODERI	VENTUR	ES]	I LLC	
CORPORATE LIMITED PARTNERSHIP XX LIMITED LIABILITY COMPANY						
XXXX AME	ENDMENT	1				
PLEASE R	RETURN	THE FOLLO	WING AS	PRO	OOF OF FILE	ING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING						

EXAMINER:

CONTACT PERSON: Alexxis Weiland -- EXT#

COVER LETTER

_		n Section Corporations			
SUBJECT:	Mode	rn Ventures I LLC			
		Name of Forei	gn Limited l	Liability Co	ompany
Dear Sir or I	Madam	:			
The enclosed	d applic	eation, certificate and fee(s) are submitt	ted for filing	g.
Please return	all co	rrespondence concerning th	nis matter to	the followi	ng:
Amit Khanna	i				
		Name of Person			
Cold Start S	tudio LL	С			
		Firm/Company			
2875 NE 19	1st St, S	Suite 500, Office 504			
		Address			
Aventura, FL	33180				
		City/State and Zip Coo	le	10	
legal@colds	tartvent	ures.com			
E-mail ad	dress: (to be used for future annua	l report noti	fication)	
For further in	nforma	tion concerning this matter	, please call:		
Amit Khanna	1		718 at (208-6	6401
	Nan	ne of Person	Area C	ode & Dayı	time Telephone Number
<u>Mai</u> li	ng Addı	ress:		Street A	
Registration Section				•	ration Section
Division of Corporations					on of Corporations
P.O. Box 6327					entre of Tallahassee
Talla	ihassee	. FL 32314			N. Monroe Street, Suite 810 assee, FL 32303
		a check for the following	amount:		
■\$2 5 Filing	Fee	☐ \$30 Filing Fee & Certificate of Status	□ \$55 Fili Certifie	ng Fee & d Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy

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

2022 HAY 31 AM 11: 38

SECTION I (1-4 must be completed)

SECTION	N I (I-4 must be completed)	ا آر			
1. Name of limited liability Company as it appear	rs on the records of the Florida Department of	. +1			
State: Modern Ventures I LLC		_			
Enter new principal office address, if applicable:	2875 NE 191st St, Suite 500, Office 504	_			
(<u>Principal office address</u> MUST BE A STREET ADDRESS)	Aventura, FL 33180				
Enter new mailing address, if applicable:	2875 NE 191st St, Suite 500, Office 504				
(<u>Mailing address</u> <u>MAY BE A POST OFFICE BOX</u>)	Aventura, FL 33180				
2. The Florida document number of this limited lia	ability company is: M21000003122	-			
3. Jurisdiction of its organization:		_			
4. Date authorized to do business in Florida: Mar	rch 19, 2021	_			
SECTION II (5-9 complete only the applicable	changes)				
5. New name of the limited liability company: C	Cold Start Studio LLC				
(mus	st contain "Limited Liability Company, " "L.L.C.," or "LLC	. ")			
copy of the written consent of the managers or ma must contain "Limited Liability Company," "L.L.(,	a name			
egistered agent and/or the new registered office a	red officer address on our records, enter the name of the new address here:				
Name of New Registered Agent:		-			
New Registered Office Address:		-			
	Enter Florida Street Address				
	, Florida	-			
ne provisions of all statutes relative to the proper		rith			

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

Filing Fee: \$25.00

Page 1



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "MODERN VENTURES I LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "COLD START STUDIO LLC" ON THE TWENTY-FIFTH DAY OF MARCH, A.D. 2022, AT 3:39 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.



Authentication: 203545417

Date: 05-27-22

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Modern Ventures I LLC	
Name of Foreig	gn Limited Liability Company
Dear Sir or Madam:	
The enclosed application, certificate and fee(s)) are submitted for filing.
Please return all correspondence concerning th	his matter to the following:
Amit Khanna	
Name of Person	
Cold Start Studio LLC	
Firm/Company	
2875 NE 191st St, Suite 500, Office 504	
Address	
Aventura, FL 33180	
City/State and Zip Code	de
legal@coldstartventures.com	
E-mail address: (to be used for future annual	al report notification)
For further information concerning this matter,	r, please call:
Amit Khanna	718 208-6401
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303
Enclosed is a check for the following	·
■\$25 Filing Fee \$30 Filing Fee & Certificate of Status	☐ \$55 Filing Fee & ☐ \$60 Filing Fee, Certified Copy Certificate of Status & Certified Copy