Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000399616 3)))



H240003996163ABC7

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011 Phone : (844)386-0178

Fax Number : (323)372-3532

yr .														
Ent	er	the	email	address	for	this	busine	ess	entity	to	be	used	for	future
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mail	Address:	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DELOS LIGHTING STUDIO LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

K. SALY

DEC - 6 2024

Electronic Filing Menu

Corporate Filing Menu

Help

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA (((H240003996163)))

To:

SECTION I (1-4 must be completed)

Enter new principal office address, if applicable:	
Principal office address	
MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	100 mg
Mailing address	
MAY BE A POST OFFICE BOX)	
2. The Florida document number of this limited F	liability company is: M22000005792
Delaware	
4. Date authorized to do business in Florida:	<i>r</i> 29/2022
SECTION II (5-9 complete only the applicable	- -
5. New name of the limited liability company:	Mood Lighting Studio LLC
(mu	ast contain "Limited Liability Company, " "L.L.C.," or "LLC.")
If name unavailable, enter alternate name adopte copy of the written consent of the managers or must contain "Limited Liability Company," "L.L.	ed for the purpose of transacting business in Florida and attach a nanaging members adopting the alternate name. The alternate nameC." or "LLC.")
6. If amending the registered agent and/or registe registered agent and/or the new registered office a	ered officer address on our records, enter the name of the new address here:
Name of New Registered Agent:	
New Registered Office Address:	
New Registered Office Address:	Enter Florida Street Address
New Registered Office Address;	Enter Florida Street Address , Florida City Zip Code

To:

7. If the amendment c	changes the jurisdiction of organi	zation, indicate new jurisdiction: (((H24	.0003996163))) 		
8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:					
Title/ Capacity	Name	Address 1	ype of Action		
			□Add		
			Removes 2		
			∐Add		
			□Remove		
			□Add		
			□Remove		
			□Add		
aforementioned am	he law of which this entity is org	by the official having custody of records in the panized.	□Remove		
	Signature o	f the authorized representative			
	Asher Harder				
	Typed or pr	inted name of signee			

Filing Fee: \$25.00

(((H240003996163)))

(((H240003996163)))



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT
COPY OF THE CERTIFICATE OF AMENDMENT OF "DELOS LIGHTING STUDIO
LLC", CHANGING ITS NAME FROM "DELOS LIGHTING STUDIO LLC" TO
"MOOD LIGHTING STUDIO LLC", FILED IN THIS OFFICE ON THE
NINETEENTH DAY OF NOVEMBER, A.D. 2024, AT 3:22 O'CLOCK P.M.





Authentication: 205031428

Date: 12-04-24

6523698 8100 SR# 20244387250

(((H240003996163)))

13239781209

From: Anna Manukyan

(((H240003996163)))

State of Delaware
Secretary of State
Division of Corporations
Delivered 03:22 PM 11/19/2024
FILED 03:22 PM 11/19/2024
SR 20244256174 - File Number 6523698

STATE OF DELAWARE CERTIFICATE OF AMENDMENT OF CERTIFICATE OF FORMATION

The undersigned authorized person, desiring to amend the limited liability company formation pursuant to Section 18-202 of the Limited Liability Company Act of the State of Delaware, hereby certifies as follows:

l. DEL	The name of the limited liability company is	
	The Certificate of Formation of the limited liability company is hereby amended llows: e 1. The name of the limited liability company is: Mood Lighting Studio LLC	
	SECTION	TILE
	By: Alm Halm E. Authorized Person	-5 PM 3: 21
	Name: Asher Harder	

Print or Type