V49890

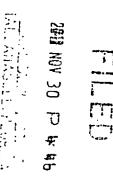
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T. LEWIEUX



COVER LETTER

TO: Amendment Section

Division of Corporations L2 Studios, Inc. NAME OF CORPORATION: _ V49890 DOCUMENT NUMBER: ___ The enclosed Articles of Amendment and fee are submitted for filing Please return all correspondence concerning this matter to the following Ms. Alisa Villarreal Name of Contact Person L2 Studios, Inc. Firm/ Company 109 E. Church Street, Suite 150 Address Orlando, FL 32801 City/ State and Zip Code avillarreal@L2studios.com E-mail address (to be used for future annual report notification) For further information concerning this matter, please call: _648-8888 Alisa Villarreal Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State 🛛 \$35 Filing Fee **□\$**43.75 Filing Fee & □\$43 75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

L2 Studios, Inc.

L2 Studi	ios, inc.
(Name of Curpora	tion as currently filed with the Florida Dept, of State)
V4989	90
(Docu	ment Number of Corporation (if known)
ursuant to the provisions of section 607-1006, Flore is Articles of Incorporation	da Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the	corporation:
	The new
name must be distinguishable and contain the wa "Corp.," "Inc.," or Co.," or the designation "Cor word "chartered," "professional association," or th	ord "corporation," "company," or "incorporated" or the abbreviation p." "Inc," or "Co". A professional corporation name musi contain the cabbreviation "P.A."
B. Enter new principal office address, if applicab Principal office address <u>MUST BE A STREET AD</u>	
Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE B	<u>QN</u>)
). If amending the registered agent and/or regist new registered agent and/or the new registered	ered office address in Florida, enter the name of the d office address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address	, Florida // (Caty) // (Zap Code)
	(Cay) (Zap Code)
New Registered Agent's Signature, if changing Re	
hereby accept the appointment as registered agent,	I am familiar with and accept the obligations of the position.
Sig	mature of New Registered Agent, if changing

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If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change		Margaret Brock	607 Albertson Place
Add			Orlando, FL 32806
X Remove			
2) Change	٧	Debra Lemons	244 Whittier Circle
X Add			Orlando, FL 32806
Remove			
3)Change		Thomas Hagood	2105 Turnberry Drive
X Add			Oviedo, FL 32765
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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Attacti daminoran	dding additional Artic sheets, if necessary),	(Be specific)				
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f an amendment	provides for an exching the amer	ange, reclassific	cation, or cancell	lation of issued sha	ares,	
(if not applic	rable, indicate N/A)		<u> </u>			
			 			
		-				
<u> </u>						

	loption:	, it other than t
date this document was signed.		
Effective date if applicable:	08/27/2018	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this dat partment of State's records.	te will not be listed as t
Adoption of Amendment(s)	(<u>CHECK ONE)</u>	
☑ The amendment(s) was/were added by the shareholders was/were su	pted by the shareholders. The number of votes east for the amendments flicient for approval	;)
	troved by the shareholders through voting groups. The following stateme each voting group entitled to vote separately on the amendment(s):	ni
"The number of votes east	for the amendment(s) was/were sufficient for approval	
by	<u> </u>	
	(voting group)	
action was not required	opted by the board of directors without shareholder action and shareholder	r
action was not required	the try the mediporators without states order action and state fooder	
Dated11/27/	18	
Signature	It the	
(By a d	spector, president or other officer – if directors or officers have not been a, by an incorporator – if in the hands of a receiver, trustee, or other courted fiduciary by that fiduciary)	1
	Timothy J. Lemons	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	

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