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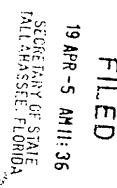
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COVER LETTER

	Registration Se Division of Cor				
SUBJEC		GON DESIGN STUDIOS, LLC	•		
SUBJEC	· · · · · · · · · · · · · · · · · · ·	Name of Lim	ited Liability Company		
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please ret	turn all correspo	ondence concerning this matter	to the following:		
		Grant Bell			
		BIG DRAGON DESIGN S	Name of Person STUDIOS, LLC		
		Firm/Company 444 Saratoga Ave Unit 10B			
		Santa Clara, California, 95	Address 050		
		info@grantbell.com	City/State and Zip Code		
			to be used for future annual report no	tification)	
For furthe	er information c	concerning this matter, please ea	all:		
Grant Be	11		408 6638382 at ()		
	Name o	f Person		me Telephone Number	
Enclosed	is a check for the	he following amount:			
□ \$ 25.0	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BIG DRAGON DESIGN STUDIOS, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on September 27, 2007. and assigned Florida document number L07000099198 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Productworkx LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

If Changing Registered Agent, Signature of New Registered Agent

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
			
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			n. on t	he ea	rlier of:
Signature of a member or authorized representative of a member	Dated	2 April . 2019.			
Signature of a member or authorized representative of a member					
		Signature of a member or authorized representative of a member			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00