L19000114619

| (Re | equestor's Name) | |
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| (Ac | ddress) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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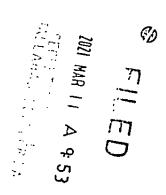
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| | Registration S Division of Co | | i. | | |
|-------------|--|------------------------------|-------------------------------------|---|---|
| SUBJEC | T: Wild | Ace i | Entertainm | ent & Productions ; | LLC |
| | | | Name of Lim | ited Liability Company | |
| The enclo | osed Articles o | f Amendme | ent and fec(s) are sub | mitted for filing. | |
| Please ret | turn all corresp | ondence co | ncerning this matter | to the following: | |
| | | | Britany | Steffens Name of Person | |
| | | | | Firm/Company | |
| | | | 8502 Sun | nner Ave Address | |
| | | | Fort Myer | S FL 33908 City/State and Zip Code | |
| | | | uildace en te E-mail address: (| rtainment@ama | ul.com ication) |
| For furthe | er information | concerning | this matter, please ca | all: | |
| _Bri | Hony S | Heften: | 3 | at (631) 897-3 Area Code Daytime | 719 Telephone Number |
| Enclosed | is a check for t | the followin | ng amount: | | 7021 MAR |
| \$25.0 | 0 Filing Fee | | 00 Filing Fee & rtificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | □ S60.00 Filing Fee. Certificate of Status & Certified Copy > (additional copy is enclosed) |
| } [F | Mailing Addre Registration Division of C P.O. Box 63: Fallahassee, | Section Corporation 27 | | Street Address: Registration Sec Division of Corp The Centre of T | oorations allahassee |
| | ananassee, | 1434314 | T | Z413 IN. IVIUNTOC | Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Wild Ace Entertainm (Name of the Limited Liability Compa (A Florida Limited) | ent & Productions my as it now appears on our records.) Liability Company) |
|--|--|
| The Articles of Organization for this Limited Liability Company Florida document number <u>L19000114619</u> . | were filed on April 26,2019 and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liab | ility company here: |
| | |
| The new name must be distinguishable and contain the words "Limited Liabil | lity Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 13432 Pine Needle In |
| (Principal office address MUST BE A STREET ADDRESS) | Fort Hyers, FL 33908 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | address on our records, enter the name of the new registered |
| Name of New Registered Agent: Grove | ge Guilbert Meck III |
| | 2 Pine Needle Ln E Enter Florida street address |
| Fort | City Florida 3-3908- |
| New Registered Agent's Signature, if changing Registered Agent: | A D |
| I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete | |

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.

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

| Title | <u>Name</u> | Address | Type of Action |
|-------------|--------------------------|----------------------|----------------|
| MGR | Brittany Nicole Steffens | 8502 Sumner Ave | □Add |
| | | Fort Hyers, FL 33908 | |
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Filing Fee: \$25.00