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COVER LETTER

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

| SUBJECT: | | Name of Lim | ited Liability Company | |
|---|--------------------------------------|-----------------------------|---|-------------------------|
| | | | | |
| The enclosed Ar | rticles of An | nendment and fee(s) are sub | mitted for filing. | |
| Please return all | corresponde | ence concerning this matter | to the following: | |
| | | Ernesto Arambatzis | | |
| | | | Name of Person | |
| | Ernesto Arambatzis Same of Person | | | |
| Please return all correspondence concerning this matter to the following: Ernesto Arambatzis | | | | |
| | | | Address | |
| | | Miami, FL 33131 | | |
| | | | City/State and Zip Code | |
| | - | = = | to be used for future annual report not | ification) |
| For further infor | mation cond | | · | meanon, |
| Ernesto Aramba | atzis | | 310 359-3088 | |
| | Name of Pe | rson | Area Code Daytin | ne Telephone Number |
| Enclosed is a che | eck for the f | ollowing amount: | | |
| □ \$25.00 Filin | ig Fee | | Certified Copy | Certificate of Status & |
| | | tion | | ection |
| Divisi | on of Con | | Division of Co | rporations |
| P.O. Box 6327 | | The Centre of Tallahassee | | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Third Eye Talent Scout, LLC | | |
|--|--|------------------------------|
| (Name of the Limited Liability Co (A Florida Lim | ompany as it now appears on our record- ited Liability Company) | <u>,.</u>) |
| The Articles of Organization for this Limited Liability Comparida document number L20000034272 | oany were filed on January 28, 2020 | and assigned |
| this amendment is submitted to amend the following: | | |
| a. If amending name, enter the new name of the limited | liability company here: | |
| Brd Eye Talent Scout, LLC | | |
| he new name must be distinguishable and contain the words "Limited l | Liability Company," the designation "LEC" | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| Principal office address MUST BE A STREET ADDRESS | s) | 20 21 |
| | | |
| | | 3 5 1 |
| Inter new mailing address, if applicable: | | - N |
| | | (7) |
| Mailing address MAY BE A POST OFFICE BOX) | - | <u> </u> |
| | | <u> </u> |
| | | <i>_</i> |
| If amending the registered agent and/or registered off gent and/or the new registered office address here: | fice address on our records, <u>enter</u> | the name of the new registe |
| gent and/or the new registered office address here. | | |
| N. C.V. D. C. LA | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | ī |
| | | orida |
| | City | Zip Code |

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.

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> | <u>Address</u> | Type of Action |
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| Effective date, if other than the date of filing: | | | | | | | _ |
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| Signature of a member or authorized representative of a member | | · | | | | | |
| Inclinate the Antique of additional representative of a member | Pated | | `` | | | | |
| | EAT MULTINGS | Thorized repr | esentative of a | nember | | | |

Filing Fee: \$25.00