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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CLARA GIRALDO ENROLLED AGENT

Account Number : I19990000017 Phone : (305)485-9300 Fax Number : (305)485-1098

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

## THE FAO PROJECT, LLC

AND THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON OF TH	7,43,130,000
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE FAO PROJECT, LLC		<u> </u>			
(Name of the Limite	d Liability Compa A Florida Limited I	ny as it now appears on our reconstitity Company)	ras.)		
The Articles of Organization for this Limited Lia				_ and assign	ned
L22000026100	·				
Florida document number L22000026100	·				
This amendment is submitted to amend the follo	wing: .				
A. If amending name, enter the new name of	the limited liab	ility company here:			
K TYSS EVENT, LLC			- 11	and a fit to	
The new name must be distinguishable and contain the we	ords "Limited Liabi	lity Company," the designation "L	LC" or the abbre	viation L.E.C	<b>~•</b>
Enter new principal offices address, if applica	able:	N/A			<u>-</u>
(Principal office address MUST BE A STREE					
		N/A			_
Enter new mailing address, if applicable:			<u> </u>		
(Mailing address MAY BE A POST OFFICE)	BOX)				
		- James on our roopeds Ani	tor the name	of the new	registerec
B. If amending the registered agent and/or ragent and/or the new registered office address	egistered office is here:	address on our records, em	<b>6</b> 7	22	
agent and/or the new registered office address	<del>,,,,,,,</del> ,		-	2022	
	ORLANDO M	ŒNDOZA	1:.7		
Name of New Registered Agent:	OIŒANDO!!			7. <del>-</del>	
New Registered Office Address:	4519 SW 75			<u></u>	rill0
New Registered Office Products.		Enter Florida street ad	dress	r Pr	Ü
	MIAMI		Florida 3317	85	
		Clly		Zip Code	
New Registered Agent's Signature, if changing	Registered Agent	i.	7	. •	

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.

II 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>	Name	Address	Type of Action
AMBR	CASANOVA, ABRAHAM	4519 SW 75 AVE	□Add
	-	MIAMI, FL 33178	■Remove
			□Change
AMBR	MENDOZA, ORLANDO	4519 SW 75 AVE	□Add
		MIAMI, FL 33178	□Removê
			Remove
			☐ Change
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