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Y. SCOTT MAY 1 3 2023

COVER LETTER

TO: Registration 5 Division of Co			
	ii Studios LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Jastyn King		
		Name of Person	
			2
		Firm/Company	02317
	1000 Brickell Ave Suite 7	15 PMB 456	. 2
		Address	1
	Miami, Fl. 33131		no w
	hello@modulariti.com	City/State and Zip Code	PH 3: 04
	E-mail address: (to be used for future annual report noti	fication)
For further information	concerning this matter, please c	all:	
Jaslyn King		305 707-1241	
Name	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 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 Addro Registration Division of P.O. Box 63 Tallahassee.	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations Callahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Modularitii Studios LLC		
(Name of the Limited Liabilit (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C dorida document number $\frac{1.22000403255}{1.0000403255}$	Company were filed on 9/15/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
Aodulariti Studios LLC		- 2
The new name must be distinguishable and contain the words "Lim	ited Liability Company." the designation "LLC" or the abl	ores and "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	RESS)	27
		-p (T)
	(Ac)	<u>ω</u>
Enter new mailing address, if applicable:		: 04
Mailing address MAY BE A POST OFFICE BOX)		
3		
 If amending the registered agent and/or registered gent and/or the new registered office address here: 	d office address on our records, enter the name	of the new regis
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	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 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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			□Remove
			☐ Change
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ective date, if other than the date of filing:				(optior	ral)		
effective date is listed, the date must be specific and cannot be pie: If the date inserted in this block does not meet the ap	prior to dat	e of filing or	more than 9	days after fi	iling.)		
ument's effective date on the Department of State's reco		statutory ir	ing require	nents, titis (Jaic 1	WIII IIO	t oc listed
cord specifies a delayed effective date, but not an effective filed.	ve time, a	t 12:01 a.n	i. on the ea	lier of: (b)	The	: 90th c	lav atter t
March 15 2023							
Signature of a member or p							
(X - I) = I = I							