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(Reques	stor's Name)
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PICK-UP	WAIT MAIL
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Certified Copies	Certificates of Status
Special Instructions to Filing	g Officer:

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COVER LETTER

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SUBJEC	1:	Name of Limit	ed Liability Company			
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		Amendment and fee(s) are submandence concerning this matter to	-			
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		BRIAR PRESTIDGE				
		*. 1	Name of Person		- 1~3	
					1924 SEC	
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		65 NASSAU ST., STE 10C			2024 APR -4 PH 1:55 SECRETARY OF STATE TALL AND SEFELFI	;
		-	Address		%9 P	, ,
		NEW YORK, NY 10038			原の一寸	•
			City/State and Zip Code		一点 55	
		AIKO@PRESTIDGEGROU				
		E-mail address: (to	be used for future annual report notific	cation)		
For furthe	er information c	oncerning this matter, please cal	l:			
AIKO CI	HAN		917 957-8707			
	Name o	f Person	at () Area Code Daytime '	Telephone Number		
Enclosed	is a check for th	ne following amount:				
□ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Certificate of Certified Cop (additional copy	f Status & Dy	
	Mailing Addres		Street Address.			
	Registration S		Street Address: Registration Sect	ion		
	Division of C		Division of Corp			
	P.O. Box 632	1	The Centre of Ta	Hahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MOONSHOTIO LLC		
(Name of the Limited Liability C (A Florida Lin	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Com	npany were filed on 12/08/2022	and assigned
Florida document number L22000515298		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
Digital Twiin Productions LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	(2.2)	
		2074 5 CC
		20 E ====
Enter new mailing address, if applicable:		TREAT TO
(Mailing address MAY BE A POST OFFICE BOX)		
Maning university I BE A FOST OFFICE BOAT		70 -0 116
		17.0
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, enter the	name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
	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>	Name	Address	Type of Action
			□Add
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Page 2 of 3

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Filing Fee: \$25.00