# Florida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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| Division of Corporations   |                      |
| $\approx 10^{10}$ Fax Number : (850)617-6383   |                      |
| CO Con Ecom.   | (3                   |
| Control Control  | , c)<br>             |
| Account Name : REGISTERED AGENTS INC.  | _                    |
| Account Number : I20090000081  | 3                    |
| : Phone : (307)200-2803  |                      |
| Fax Number : (813)436-5206   | - A                  |
| . (313,7430 3200   | ٠.                   |
|  | 1                    |
| **Enter the email address for this business entity to be used annual report mailings. Enter only one email address ple  Email Address: | for future<br>ase.** |
| Emere Addition   |                      |
|  |                      |

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 446 INTERACTIVE LLC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 04      |
| Estimated Charge      | \$25.00 |

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#### Fax: 8134365206

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| 446 INTERACTIVE LLC  |  |                                    |
|--|--|------------------------------------|
| (Name of the Limited Liability Comp.<br>(A Florida Limited   | any as it now appears on our r<br>Liability Company) | ecords.)                           |
| The Articles of Organization for this Limited Liability Company Florida document number L18000227831   | were filed on 09/25/18                               | and assigned                       |
| This amendment is submitted to amend the following:  |  |                                    |
| A. If amending name, enter the new name of the limited liab  | ollity company here:                                 |                                    |
| The new name must be distinguishable and contain the words "Limited Liabi  | itity Company," the designation                      | "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:  | 7662 SW 152nd Ave #23                                | 21                                 |
| (Principal office address MUST BE A STREET ADDRESS)  | Miami, FL 33193                                      | 25.                                |
|  |  |                                    |
|  |  | :                                  |
| Enter new mailing address, if applicable:  |  | <u> </u>                           |
| (Mailing address MAY BE A POST OFFICE BOX)   |  | <u> </u>                           |
|  |  | 27                                 |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent: | address on our records, <u>e</u>                     | nter the name of the new registe   |
| Non-Dominion of Office Address.  |  |                                    |
| New Registered Office Address:   | Enter Florida street a                               | ddress                             |
|  |  | , Florida                          |
| <del></del>  | City   | Florida<br>Zip Code                |
| New Registered Agent's Signature, if changing Registered Agent:  |  |                                    |
| hereby accept the appointment as registered agent and agr  | ree to act in this capacity.                         | I further agree to comply with i   |

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 |
|--------------|----------------|--------------------------|----------------|
| AMBR         | AWALT, KAHNRAD | 7901 4th St N STE 300    |                |
|              |                | St. Petersburg, FL 33702 |                |
|              |                |                          | DChange        |
| AMBR         | AWALT, KAHNRAD | 7662 SW 152nd Ave #23    | ZAdd           |
|              |                | Miami, FL 33193          | □Remove        |
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Ta: 18506176383

Page: 4/4

From: Registered Agents Inc.

Fax: 8134365206

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|--|---|---|----------------------------|---------------------------------------|---------------|
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| Signature of a member or authorized representative of a member   | Nat   |   | th                         |                                       |               |
|  | Sig   | mature of a member or author                                  | zed representative of a me | mber                                  |               |