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COVER LETTER

TO:	Registration Sec Division of Corp			
		ISPLAYS INTERNATIONAL	LLC	
SUBJ	ECT:	Name of Limit	ed Liability Company	·
The er	nclosed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please	return all correspor	ndence concerning this matter t	o the following:	
		MICHAEL E LIBOW		
			Name of Person	
		EUROPE DISPLAYS INTI	ERNATIONAL	
			Firm/Company	
		2180 PARK AVENUE NO	RTH SUITE 318	
			Address	
		WINTER PARK, FL 32789)	
		-	City/State and Zip Code	
		MLIBOW@EUROPEDISPI		
		E-mail address: (to	o be used for future annual report notific	ration)
For fu	orther information co	oncerning this matter, please ca	11:	
MICH	IAEL E LIBOW		321 2570556	
	Name of	Person	Area Code Daytime	Telephone Number
Enclo	sed is a check for th	ne following amount:		
≡ \$:	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EUROPE DISPLAYS INTERNAT					
(Name of the Limit	ted Liability Company (A Florida Limited Lia	as <mark>it now appears on our rec</mark> bility Company)	cords.)		
The Articles of Organization for this Limited L	iability Company w	vere filed on 12/04/2007	aı	nd assign	ıed
Florida document number L07000120746					
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name o	<u>f the limited liabili</u>	ty company here:			
NEBULA EXHIBITS, LLC					
The new name must be distinguishable and contain the w	vords "Limited Liability	y Company," the designation "I	LLC" or the abbreviat	ion "L.L.C	. 34
Enter new principal offices address, if applic	cable:	SAME AS EXISITING			
(Principal office address MUST BE A STREE	ET ADDRESS)		 		
			<u></u>		
			in the state of th	<u>C</u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			<u></u>	.×.	. *
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			9.3		1:,
B. If amending the registered agent and registered agent and/or the new registered o			ords, enter the r	्ट्य i alille of	the nev
Name of New Registered Agent:	SAME AS EXIS	ITING			
New Registered Office Address:		•			
		Enter Florida street ad	ldress		
			, 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 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 = 1 AMBR =	Manager Authorized Membe	r		
<u>Title</u>	<u>Name</u>		Address	Type of Action
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				Remove
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Effective date, if other than the date of filing:	(0-4:0	a.l.)		
If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than sometimes. Note: If the date inserted in this block does not meet the applicable statutory filing require document's effective date on the Department of State's records.	(option 90 days after fements, this	iling.) Pursuan	t to 605.02 be listed :	07 (3)(is the
he record specifies a delayed effective date, but not an effective time, at The 90th day after the record is filed.	t 12:01 a.	.m. on the	earlier	of:
Dated				
Muchael E Selan Signature of a member or authorized representative of a men				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00