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Florida Department of State

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December 10, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

EXPRESS

SUBJECT: M STUDIOS, LLC

REF: L13000045732

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Correct the Document number.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan Regulatory Specialist II FAX Aud. #: H15000290878 Letter Number: 615A00025834

ARTICLES OF AMENDMENT 2015 DEC 10 AN 9: 07 TO ARTICLES OF ORGANIZATION SECRETARY OF STATE OF

| M STUDIOS, LLC | | | | | | |
|--|--|-------------------------|--|--|--|--|
| (Name of the Limited Liability Comps (A Florida Limited | any as it now appears on our records.) Liability Company) | | | | | |
| The Articles of Organization for this Limited Liability Company Florida document number L13000045732 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab | | and assigned | | | | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "LLC" or the | e abbreviation "L.L.C." | | | | |
| Enter new principal offices address, if applicable: | 2103 Country Club Prado | | | | | |
| (Principal office address MUST BE A STREET ADDRESS) | Coxal Gables, FL 33134 | | | | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | N/A | | | | | |
| B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her | | ter the name of the nev | | | | |
| Name of New Registered Agent: | | | | | | |
| New Registered Office Address: | Enter Florida street address | <u>-</u> | | | | |
| | , 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 = Manager AMBR = Authorized Member

| Title | Name | | Address | Type of Action |
|-------|--|-------------|------------------------------------|----------------|
| AMBR | Mariel M. Cortese | _ | 2841 Brook Drive, Falls Church, V. | |
| | | | | Remove |
| | | | | Change |
| AMBR | Rosario H. Valladares | _ | 8828 Milan Avenue, Coral Gables, | B Add |
| | | | | ☐ Remove |
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| December 9 2015 | , | | |
| Dated, | 1 25 1 | | |
| | allustra | | |
| SANDINA TALINANA | | | |
| Signature of a member or authorized | representative of a member | | |

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