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COVER LETTER

TO:

Registration Section

Div	ision of Cor	porations			
	Stone Love	Entertainment LLC			
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		Xaun Fletcher			
			Name of Person		
		Stone Love Entertainment	LLC		
			Firm/Company	.	
		66 West Flagler Street Suit	e 900		
Address					
		Miami FL 33130			
		Xaun.Stonelove@gmail.cor	City/State and Zip Code		
			to be used for future annual report notifi	cation)	
For further in	iformation c	oncerning this matter, please ca	all:		
Xaun Fletch	er		305 \$42-8300		
	Name of	f Person	at ()at ()Area Code Daytime	Telephone Number	
Enclosed is a	check for th	ne following amount:			
■ \$25.00 F	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)	
Reg Div P.C	iling Addres gistration S vision of C D. Box 632 lahassee, I	Section orporations 7	Street Address: Registration Sectorial Division of Corporate of Tage 2415 N. Monroe Tallahassee, FL.	orations Illahassee Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Stone Love Entertaintment LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{04/01/2015}{1}$ and assigned Florida document number L15000058142 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Stone Love Entertainment LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "1.1.C" or the abbreviation "1.1.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida ___

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
			□Add
			□Remove
			□Change
			🗀 Add
			□Remove
			□Change
			□Add
		.	□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			Change

Effective date, if other than the date of filing: [an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after (filing.) Pursuant to 605.0207 Note: [If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as locument's effective date on the Department of State's records. [April 29] [April 29] [Signature of a member or authorized representative of a member		
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Signature of a member or authorized representative of a member	ratett	-X

Filing Fee: \$25.00