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SECRETARY OF STATE TALL AHASSEF FI

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COVER LETTER

TO:

TO: Registration S Division of Co				
Oxenfree l	Design, LLC			
SUBJECT:	_			
	Name of Lin	nited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Arthur Goodman			
		Name of Person		
	Oxenfree Design, LLC			
		Firm/Company	P	
37 N Orange Ave #1000A, Oriando, FL 32801				
		Address	ar	
	Orlando, FL 32801			
	admin@oxenfree.film	City/State and Zip Code		
	E-mail address: (to be used for future annual report notif	fication)	
For further information	concerning this matter, please c	all:		
Arthur Goodman	transfer in the state of the state of	321 300-1587		
Name of Person		at () Area Code Daytime	e Telephone Number	
Enclosed is a check for (the following amount:			
■ \$25.00 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)	
Mailing Addre		Street Address: Registration Sec	Nion	
Registration Section Division of Corporations		Division of Cor		
P.O. Box 6327			The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Oxenfree Design, LLC		
(<u>Name of the Limited Liability Company as</u> (A Florida Limited Liabilit	t now appears on our records.) y Company)	
The Articles of Organization for this Limited Liability Company were florida document number $\frac{1.15000173911}{1.15000173911}$.	filed on October 12, 2015	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability c	company here:	
Oxenfree, LLC		
he new name must be distinguishable and contain the words "Limited Liability Con-	mpany," the designation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		~-~-
		2023
	产高	F T
Enter new mailing address, if applicable:	全至	FF
· · ·	AS.	- m
Mailing address MAY BE A POST OFFICE BOX)	SO E.S	
		2 0
		S
 If amending the registered agent and/or registered office addre igent and/or the new registered office address here: 	ss on our records, <u>enter the name o</u>	of the new regi
gent and/of the new registered office address nere.		
AL CALL DO L		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	iiv	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>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□ Change
····			🗆 Add
			□Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) June 15, 2023 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the record is filed. June 8 2023 Dated _____ Signature of a member or authorized representative of a member Arthur Goodman Typed or printed name of signee