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COVER LETTER

	Registration Sec Division of Corp			
SUBJEC	Collide Hol	dings, LLC		
00000	···		ted Liability Company	,
The enclo	osed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please ret	turn all correspo	ndence concerning this matter t	to the following:	
		Maria Velez		
			Name of Person	
			Firm/Company	
1		4700 Millenia Boulevard, S	Suite 400	
			Address	
		Orlando, Florida 32839		
			City/State and Zip Code	<u> </u>
		mvelez@planethollywoodin		
		E+mail address: (t	o be used for future annual report notific	ation)
For further	er information co	oncerning this matter, please ca	11:	
Maria Vo	elez		407 903-5513	
	Name of	Person	at () Area Code Daytime 7	Telephone Number
Enclosed	is a check for th	e following amount:		
\$25.0	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 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

Collide Holdings, 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 December 10, 2015 and assigned Florida document number _____L15000206506 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Licensing Opportunities, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.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 City 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 = ' N AMBR = A	Aanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			Change
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.ffective date, if other than the date of filing: _		(optional)	
an effective date is listed, the date must be specific and care. If the date inserted in this block does not mee	t the applicable statutory filing	e than 90 days after filing.) Purs requirements, this date will i	uant to 605.020 not be listed a
document's effective date on the Department of State	e's records.		
e record specifies a delayed effective dat	e, but not an effective tir	ne, at 12:01 a.m. on t	he earlier o
The 90th day after the record is filed.			
Dated,	2015		
	nber or authorized representative of		

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Filing Fee: \$25.00