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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SHOW HOLT	DINGS LIL
(Name of the Limited Liability Compa (A Florida Limited)	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liabi	ility 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 a agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, 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

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: DHOW HOUT	NGS UU d Liability Company
Name of Brillio	d Blueliny Company
The enclosed Articles of Amendment and fec(s) are submi	itted for filing.
Please return all correspondence concerning this matter to	the following:
Kar	Name of Person
Dnou	e Holdings LLC Firm/Company
<u> </u>	> Maclay Pol
Talla	shassee FL 32312
E-mail address: (to	City/State and Zip Code 10500130001300000000000000000000000000
For further information concerning this matter, please call	
Kamala Snow Name of Person	at (850) 509 - 9667 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
\checkmark	
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

It amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being add or removed from our records:

MGR = Manager AMBR = Authorized Member Title Name Address Type of Action MGR Larry 5000 540 Maday Rd DAdd

Tallahassee Fl 37312 Kremove _____ Change _____ 🗆 🗀 Add _____ □Change _____ □Change _____ □ Add

_____ □Change

. If ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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	(Diline 1000 miled plisty)
	(filing was muled s/19/24)
Effecti	ve date, if other than the date of filing:
<u>Note:</u>	ective 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 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
he record ord is fil	I 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 ed.
Dated .	May 8 2004.
	Signature of a member of authorized representative of a member
	Typed or printed name of signee