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SECRETARY OF STATE
TALLAHASSEE E

A. BUTLER FEB 2 3 2022

COVER LETTER

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ellu lezet		ATE STUDIOS. LLC		*
SUBJECT	•	Name of Limit	ted Liability Company	
The enclose	ed Articles of .	Amendment and fee(s) are subn	nitted for filing.	
Please retur	m all correspo	ndence concerning this matter t	o the following:	
		JANLOU BORGES		
			Name of Person	
		BLACK BUBBLEGUM AS	SSEMBLY,INC	
			Firm/Company	
		4812 NW 6TH ST		
			Address	
		PLANTATION, FL 33317		
			City/State and Zip Code	
		INFO@ROYALTYSTATEM		
		E-mail address: (to	be used for future annual report no	tification)
For further	information co	oncerning this matter, please cal	II:	
JANLOU E	BORGES		954 695-6372	
Name of Person		Area Code Daytin	ne Telephone Number	
Enclosed is	a check for th	e following amount:		
■ \$25.00	Filing Fee	☐ S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF** FILED

SILVER SLATE STUDIOS, LLC

(Name of the Limited Liability Company as it now appears
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Compan	y were filed on <u>07/11/20.</u>	6-LAHASSEE, FL and assigned
Florida document number L16000130163		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
3RD WORLD SOCIETY, LLC		
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the designat	ion "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)		
	<u> </u>	
The Effective of the Company of the		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records	s, enter the name of the new registered
Name of New Registered Agent:		
N D - i 1 OCC A 11		-
New Registered Office Address:	Enter Florida stre	et 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 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
			Remove
			□Change
			□ Add
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Tective date, if other than the come effective date is listed, the date must ote: If the date inserted in this block becament's effective date on the Dep	be specific a ck does not	nd cannot be meet the ap	oplicable stati	filing or more that tory filing requ	(option 90 days after fairements, this	iling.) Pursuant to	605.0207 (listed as)
ecord specifies a delayed effective is filed.	date, but n	ot an effecti	ve time, at 12	:01 a.m. on the	earlier of: (b)	The 90th day	after the
FEBRUARY IST		2022					
-	_	- '	——· ,				

Typed or printed name of signee

JANLOU BORGES