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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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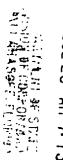
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ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

3

.- 3.

UNBRIDLED CREATIVE MEDIA LLC	72
(Name of the Limited Liability Company as it now appears on (A Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Company were filed on	016 23 23 23 24 25 25 25 25 25 25 25 25 25 25 25 25 25
Florida document number L16000185865	Pass I
This amendment is submitted to amend the following:	A CONTRACTOR OF THE CONTRACTOR
A. If amending name, enter the new name of the limited liability company here:	
SAGO CREATIVE LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the design	ation "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 recor	ds, enter the name of the new registered
agent and/or the new registered office address here:	23, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida si	reet 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 capa	city. 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>	Name	Address	Type of Action
			
			□ Change
			□ Add
			□ Remove
			□Change
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E. Effect	ive date, if other than the date of filing: (optional)
Note:	fective 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 (3xt). If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
f the reco ecord is fi	rd 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 led.
Dated	JULY 21. 2020 .
	Signature of a member or authorized representative of a member
	RENATA SAGO

Typed or printed name of signee

* * * * * * * * *