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COVER LETTER

TO: Registration So Division of Cor		•	•	•
	orts and Entertainment	·		
SUBJECT:	Name of Lim	ited Liability Company		
	Amendment and fee(s) are sub			
	Shelley Lucas			
		Name of Person	_	
		Firm/Company		
	2652 Floral Valley Drive			2
		Address		2024 APR -8 SECRETANI TALLAN
	Dacula, GA 30019			IR-
	shelley@suitcasecharliefilm	City/State and Zip Code ns.com		8 B
For further information o	E-mail address: (oncerning this matter, please of	to be used for future annual report notifica	ition)	2:19
Shelley Lucas	oncerning this matter, please of	720 232-6592		, ^(1,1) , Φ
	t Person	at () Area Code Daytime T	elephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &
Mailing Address		Street Address:	on	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Peak 7 Sports and Entertainment, 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 $\frac{10/25/2016}{2}$ and assigned Florida document number _L16000197175 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Queen K Films, 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 , Florida 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 =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
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	ist be specific and cannot be prior to date of fill clock does not meet the applicable statutor	(optional) ng or more than 90 days after filing.) Pursuant to 605.020 ry filing requirements, this date will not be listed a
ecord specifies a delayed effecti is filed.	ve date, but not an effective time, at 12:0	l a.m. on the earlier of: (b) The 90th day after the
March 27	2024	
CO_{AAA}	Rapueas	
Still	Signature of a member or authorized represe	

Filing Fee: \$25.00