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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FASTKIT CORP Account Number : 122100000009 Phone : (305)599-0839 Fax Number : (305)592-9591

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THE DSTRKT MUSIC LLC

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SEP 1 2023

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF .

THE DSTRKT MUSIC LLC		
(Name of the Limited Liabili (A Florida	ty Company as it now appears on our records.) Limited Liability Company)	***************************************
The Articles of Organization for this Limited Liability C	ompany were filed on 09/29/2017	and assigned
Florida document number <u>U. 7000201870</u>	<u> </u>	
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	sted liability company here:	
THE DSTRKT MGMT LLC		
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or	the appreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	(ESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
		<u>්</u> ග
		7.7
3. If amending the registered agent and/or registered	office address on our records, enter the	name of the new registr
gent and/or the new registered office address here:	•	
Name of New Registered Agent:		Ť.
		,
New Registered Office Address:	Inter Florida Greet naaress	
		1
	, Florid	Tap Code
	•	7

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>	<u>Address</u>	Type of Action
			Dadd
			□ Remove
			GChange
			TAdd
	·		IChange
			DAdd
		444-44	
			Bada
			□ Change
			⊡'Add
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			DChange
			□Add
			= Change

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A TO THE STATE OF	***************************************	
ffective date, if other than the	date of filing:	(optional)
an effective date is listed, the date must	be specific and cannot be prior to date of	f filing or more than 90 days after filing.) Pursuant to 605 020 ottory filing requirements, this date will not be listed as
ocument's effective date on the Do	partment of State's records.	and an area of the second of t
record specifies a delayed effective	date, but not an effective time, at 1	2:01 a.m. on the earlier of, (b). The 90th day after the
d is filed.		
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Many Bano	A Signature of a niember or authorized rep	
A COMMING (COMMING		

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