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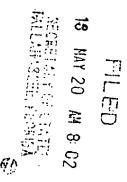
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COVER LETTER

| TO: Registration : Division of C | | | |
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| SUBJECT: | UPROAR L | LC . | |
| Substitution in the second sec | | ted Liability Company | |
| The enclosed Articles of | of Amendment and fee(s) are sub- | mitted for filing. | |
| Please return all corres | pondence concerning this matter | to the following: | |
| | BLAIR V | / CASTRO Name of Person | |
| | UPROAR | Firm/Company | |
| | <u>9831 L(</u> | DOVAT DRIVE | <u></u> |
| | PENSAC | OLA FL 305 City/State and Zip Code | <u>ab</u> |
| | DIAITY (3 E-mail address: (1 | as Iro o gmail, Co | ification) |
| For further information | concerning this matter, please ca | all: | |
| Blair | CASITO of Person | at (950) Q Area Code Daylin | - 8 995 ne Telephone Number |
| Enclosed is a check for | the following amount: | | |
| □ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | © \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability Compan (A Florida Limited Li | y as it now appears on our records.) sability Company) |
|--|--|
| The Articles of Organization for this Limited Liability Company v Florida document number $\frac{L170003914}{}$. | were filed on $10/9/907$ and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liabil SHOOK PR LLC The new name must be distinguishable and contain the words "Limited Liability". | |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | 375 N. Pace Blvd. Pensacola FL 32505 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 56 M 71 L |
| B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here. | |
| Name of New Registered Agent: New Registered Office Address: | Enter Florida street address |
| | , Florida |

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

| <u>Fitle</u> | <u>Name</u> | Address | Type of Action |
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| ctive date, if other than the date of filing: | (optional) |
| effective date is listed, the date must be specific and cannot be prior to date of filing or meet. If the date inserted in this block does not meet the applicable statutory filing | ore than 90 days after filing.) Pursuant to 605. |
| ment's effective date on the Department of State's records. | g requirements, this date will not be liste |
| | |
| ecord specifies a delayed effective date, but not an effective the 90th day after the record is filed. | ime, at 12:01 a.m. on the earlie |
| May 14 . 2018. | |
| Blain il (M)+ | 11 11 |

Page 3 of 3

Filing Fee: \$25.00