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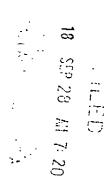
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COVER LETTER

TO: Registration Division of	n Section Corporations		
	f Management LLC		
SUBJECT:	Name of Litr	ited Liability Company	
The enclosed Articles	s of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	espondence concerning this matter	to the following:	
	Davey T. Jay, Esq.		
		Name of Person	
	Meehle & Jay, PA		
		Firm/Company	
	1215 E Concord Street		
		Address	
	Orlando, FL 32803		
		City/State and Zip Code	
	E-mail address: (to be used for future annual report noti:	fication)
For further information	on concerning this matter, please of	all:	
Davey T. Jay, Esq.	<u>.</u>	407 792-0790 at ()	
Nar	ne of Person	Area Code Daytim	: Telephone Number
Enclosed is a check for	or the following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional 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**

Mischief Management LLC		
(<u>Name of the Limited Liability Company a</u> (A Florida Limited Liabi	<u>s it now appears on our records.</u> hty Company)	
The Articles of Organization for this Limited Liability Company wer	re filed on 12/21/2017	and assigned
Florida document number L17000259863		
This amendment is submitted to amend the following:		5
A. If amending name, enter the new name of the limited liability	company here:	<u> </u>
Disruptive Talent Management LLC		i i i i i i i i i i i i i i i i i i i
The new name must be distinguishable and contain the words "Limited Liability C	ompany," the designation "LLC" o	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:		
(Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable:		
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 n
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on our records,	enter the name of the n
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 n
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:		enter the name of the n
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, Enter Florida street address	enter the name of the n
(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 registered agent and/or the new registered office address here: Name of New Registered Agent:	Enter Florida street address	enter the name of the n

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member			
<u>Title</u>	Name	Address	Type of Action
			Add
			☐ Remove
			□ Change
			☐ Remove
			☐ Change
			Add
			☐ Remove
			⊖ □ Change
			Remove
		-	☐ Change
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			S.F.P
			
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E Effective date if other than t	he date of filing:		(antional)
E. Effective date, if other than t	must be specific and cannot be pr	for to date of filing or more than 90	days after filing.) Pursuant to 605,0207
document's effective date on the			nents, this date will not be listed as
If the record specifies a delay (b) The 90th day after the r		not an effective time, at	12:01 a.m. on the earlier of
Dated September 20	2018		
Dated		 ·	
	(lasr)vj	h	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00