Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

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Account Name : BAKER & HOSTETLER LLP

Account Number : I19990000077 Phone

Fax Number

: (407)649-4016 : (407)841-0168

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ENTERTAINMENT TECHNOLOGY CONSULTANTS, LLC

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COVER LETTER

| TO: | Registration Se Division of Cor | ction porations | | | | | |
|-----------|------------------------------------|--|---|--|--|--|--|
| C | | Entertainment Technology Consultants, LLC | | | | | |
| SUBJEC | . I : | Name of Limited Liability Company | | | | | |
| | | Amondment and fee(s) are sub- | | | | | |
| rieasc ic | turi an correspo | Siobhan Cameron | or the total ways. | | | | |
| | | | Name of Person | | | | |
| | | Baker & Hostetler, LLP | | | | | |
| | | | Firm/Company | | | | |
| | | 200 S. Orange Ave., Ste 23 | 300 | | | | |
| | | | Adaress | | | | |
| | | Orlando FL 32801 | | 8 8 8 | | | |
| | | cscameron@baker!aw.com | City/State and Zip Code | ication) 18 18: 82 AH 8: 82 | | | |
| | | E-mail address: (| to be used for future annual report notif | ication) | | | |
| For furth | er information c | oncerning this matter, please ca | all: | E 6 8 8 | | | |
| Sicbhan | Cameron | | 407 649-3995 at () | 20% | | | |
| | Хите о | l'Person | | Telephane Number | | | |
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Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 266) Executive Center Circle Tallahassee, FL 32301

TO ARTICLES OF ORGANIZATION OF

| ENTERTA | MNMENT TÉCHN | OLOGY CONSULTANTS, I | LLC |
|--|---|--|--|
| (Name of the Limi | ted Liability Compa (A Florida Limited L | ny as it now appears on our rec inbility Company) | cords.) |
| The Articles of Organization for this Limited L. Torida document number L18000070477 | iability Company | were filed on March 19, 20 | 18 and assigned |
| his amendment is submitted to amend the foll | lowing: | | |
| . If amending name, enter the new name o | of the limited liab | ility company here: | |
| he new name must be distinguishable and contain the | words "Limited Liabi | lity Company," the designation " | 'LLC" or the abbreviation "L.L.C." |
| Inter new principal offices address, if appli | cable: | 2235 Mercator Drive | |
| Principal office address MUST BE A STRE | | Orlando FL 32807 | |
| Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE | : <u>BOX)</u> | 2235 Mercator Drive Orlando FL 32807 | TO SERVICE |
| B. If amending the registered agent and egistered agent and/or the new registered of | l/or registered o office address her | ffice address on our rec e: | in the second |
| Name of New Registered Agent: | Robert Kohn | | |
| New Registered Office Address: | 2235 Mercator | | The same of the sa |
| | Orlando | Enter Florida street at | |
| | Orlando | City | , Florida 32807 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 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.

Robert Kohn
11 Changing Registered Agent, Signature of New Registered Agent

| 11-16-18 | 11:52am From-BAKER & HOSTETLER | 497 841 0168 | T-129 P.004/005 F-622 |
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| MGR= M | from our records: lanuger authorized Member | | |
| Title | <u>Name</u> | Address | Type of Action |
| AMBR | Brad Ritti | 13426 Fossick Rd | |
| | | Windermere FL 34786 | ☐ Remove |
| | | | ■ Change |
| AMBR | Kevin F. Gault | 2235 Mercator Drive | |
| | | Orlando FL 32807 | □ Remove |
| | | | ☐ Change |
| AMBR | Robert Kohn | 2235 Mercator Drive | Add |
| | | Orlando FL 32807 | ☐ Remove |
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| If the re (b) Th | ecord specifi e 90th day | es a delayed effecti after the record is fi | ve date, but no led. | t an effective time, al | : 12:01 a.m. on the e | arlier of: |
| Dated | November I | 4 | 2018 | · | | |
| | Da | bert Koh | , , , , | | | |
| | 100 | Signature | of a member or author | orized representative of a men | nber | _ |
| | Robert l | Cohn | | | | |
| | | | Typed or printe | ed name of signes | | - |

Page 3 of 3

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