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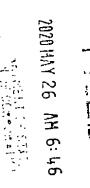
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S. YOUNG

COVER LETTER

TO: Registration So Division of Con				
Bluecut En	tertainment, LLC			
SUBJECT:	Name of Lim	ited Liability Company	· 	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Shemuel B. Yehudah			
		Name of Person		
	Bluecut Entertainment, L.I.	С		
		Firm/Company		
•	358 Sheffield O			
		Address		
	West Palm Beach, FL 334	17		
		City/State and Zip Code		
	bluecut@live.com			
	E-mail address: (to be used for future annual report no	tification)	
For further information of	concerning this matter, please c	all:		
Shemuel B. Yehudah		201 925-2040 at ()		
Name o	f Person	Area Code Dayti	me Telephone Number	
Enclosed is a check for the	he 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 Addres		. <u>Street Address:</u>		
Registration Section Division of Corporations		-	Registration Section Division of Corporations	
P.O. Box 632		The Centre of		
Tallahassee,			oe Street. Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF.

Bluccut Entertainment, LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	· · · · · · · · · · · · · · · · · · ·
The Articles of Organization for this Limited Liability Company	were filed on <u>06/04/2018</u>	and assigned
Florida document number L 18000137390		
This amendment is submitted to amend the following:		7020 H
A. If amending name, enter the new name of the limited liab	oility company here:	
Bluecut Media & Entertainment, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" o	or the abbreviation [L.C."
Enter new principal offices address, if applicable:		o.
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3900 N. Haverhill Rd. #222013 West Palm Beach, FL 33422	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flor	ida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		

Thereby 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. Thereby 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>	Name	Address	Type of Action
			□Add
			[]Remove
			□Change
			□Add
			□Remove
			TlChange
			Dadd
			□Remove
			□Change
			□Add
			Remove
			□Change
			DAdd
			□Remove
			TChange
			DAdd
			□Remove
			□Change

Page 2 of 3

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