Division of Corporations

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Division of Corporations

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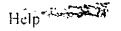
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:____adamhernandez1962@yahoo.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SHOWTIME FIREWORKS ORLANDO LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Showtime Fireworks Orlando LLC | ted Liability Company as it now appear | s on our records) | |
|---|--|-------------------------------|-------------------|
| Canne of the Fame | (A Florida Limited Limbility Company) | San aut records.) | |
| The Articles of Organization for this Limited L Torida document number <u>L18000237535</u> | iability Company were filed on 10 | /15/2018 | and assigned |
| his amendment is submitted to amend the foll | owing: | | |
| A. If amending name, enter the new name o | f the limited liability company he | ere: | |
| he new name must be distinguishable and contain the | words "Limited Liability Company," the d | esignation "LLC" or the abbi | eviation "L.L.C." |
| Inter new principal offices address, if applicable: | | | 2020 |
| Principal office address MUST BE A STREET ADDRESS) | | - | |
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| | | <u> </u> | ₹ 111 |
| Enter new mailing address, if applicable: | | <u> </u> | |
| (Mailing address MAY BE A POST OFFICE BOX) | | <u> </u> | <u></u> |
| 3. If amending the registered agent and/or gent and/or the new registered office addre | | ecords, <u>enter the name</u> | of the new regis |
| Name of New Registered Agent: | Paola Valcarcel | | |
| | 5151 Vistamere Ct | | |
| New Registered Office Address: | Enter Flo | rida street address | |
| | Orlando | Florida 32 | 8 19 |
| | City | , | 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 can 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: Øa⊠ ⊠ ⊠d**⊠** H20000381532 3

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|--|------------------------|----------------|
| AMBR | Paola Valencel | 5151 Vistamere Ct | ≦∧dd |
| | | Orlando, Florida 32819 | □Rcmove |
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| | | Oviedo, Florida 32765 | □Remove |
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