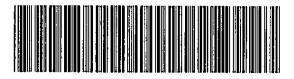
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COVER LETTER

TO:	Registration Section Division of Corporation				
SUBJEC	CT: Farside	Entertainment	110		
	· · · · · · · · · · · · · · · · · · ·		ited Liability Company		· · · · · · · · · · · · · · · · · · ·
The encl	losed Articles of An	nendment and fee(s) are sub-	mitted for filing.		
Please re	eturn all corresponde	ence concerning this matter	to the following:		
		DeWa	Name of Person	······································	
			Firm/Company		
		330 No-	Address	Arnve	
		Arcadia, Fl	ろりこの City/State and Zip Code		
	-	deursynetatel E-mall address: (1	994 (D gmall. CON	report notification)	
For furth	ter information conc	erning this matter, please ca		-	
Del	Jayre Tate Name of Pe	rson	at (<u>454</u>) Area Code	625 SS	29 ne Number
Enclosed	l is a check for the fo	ollowing amount:			
\$25.	00 Filing Fee (□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is end		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address: Registration Sec Division of Corp P.O. Box 6327 Tallahassee, FL	porations	Divisio The Ce 2415 N	ddress: ation Section on of Corporation ntre of Tallahas . Monroe Street ussee, FL 32303	see

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa	L C	our records)	····
(Name of the Limited Liability Compa (A Florida Limited I	Liability Company)	out teem ass,	
The Articles of Organization for this Limited Liability Company	were filed on $\frac{4/6}{6}$	/2019	and assigned
Florida document number <u>LI900010400(e</u> .	ŕ	,	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	His Image	Entertainne	nt LLC
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the design	ation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:	N/A		
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>	2821
		2	# 11
		700 000 000	5
Enter new mailing address, if applicable:	N/A	<u></u> 	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	, , , , , , , , , , , , , , , , , , ,		
		22 A A A A A A A A A A A A A A A A A A	26
		pr	_
B. If amending the registered agent and/or registered office a	address on our recor	ds, <u>enter the name o</u>	f the new registered
agent and/or the new registered office address here:			
Name of New Registered Agent: N	/ _A		
New Registered Office Address:	Enter Florida si	reet address	
		Florido	
* ***********************************	City	, Florida	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.

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
			□Change
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f an effective date Note: If the da	, if other than the e is listed, the date mu te inserted in this b ective date on the [ist be specific and block does not r	I cannot be prior neet the applic	able statutory	or more than 90 filing requires	(optio 0 days after f ments, this	iling) Pu	rsuant to I not be	605.0207 listed as
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