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COVER LETTER

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Division of Co	rporations		
The Cinego			
SUBJECT:	Name of Lam	nted 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:	
	Jesse Gome?		
		Name of Person	
	The Cinegods LLC		
	****	Firm/Company	
	16670 SW 140th Ave		
	•	Address	
	Miami, FL, 33177		
	Ig@thecinegods.com	City/State and Zip Code	
	E-mail address (to be used for future annual report notif	cation)
For further information of	concerning this matter, please c	ali.	
Jesse Gomez		305 859 5151	
Name o	of Person	Area Code Daytune	Telephone Number
Enclosed is a check for t	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 ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

TO: Registration Section

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

The Cinegods ILC The Articles of Organization for this Limited Liability Company were filed on June 17th 2019 Florida document number L19000159788 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" 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: (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 new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida _

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

Page 1 of 3

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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>l'itle</u>	Name	<u>Address</u>	Type of Action
MGR	Jesse Gomez	16670 SW 140th Ave, Miami FL 33177	= Add
			□ Remove
			Cl Change
	 		O Add
			□ Remove
			Change
			D Add
			□ Remove
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Effective d	ate, if other than th	se date of filing	•		(optio	nal)
lfan offective <u>Note:</u> If the	date is listed, the date m	iust be specific and i block does not me	cannot be prior to de eet the applicable	late of filing or more statutory filing r	than 90 days after f	iling) Pursuant to 605 0, date will not be listed
ne record	specifies a delaying day after the re	ed effective da ecord is filed.	ate, but not a	n effective tim	n e, at 12:01 a.	m. on the earlier
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Filing Fee: \$25.00