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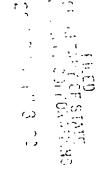
| (Requestor's Name) | |
|---|--------------|
| (Address) | |
| (Address) | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MA | IL |
| (Business Entity Name) | |
| (Document Number) | |
| Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | |
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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations | | |
|---|---|--------------------------------|
| SUBJECT: TROPICAL | Funk STUDIO LLC | |
| | Name of Limited Liability Company | |
| The enclosed Articles of Amendmen | t and fee(s) are submitted for filing. | |
| Please return all correspondence con | cerning this matter to the following: | |
| · | TIFFARY MOEN Name of Person | _ |
| | TROPICAL FUNC STUDIO LIC | _ |
| | 82 ISLAND BREEZHAVE Address | - |
| | DAYTONA BEACH FL 32124. City/State and Zip Code | _ |
| | POPILIAL FUNK STUDID & BMAIL. CON E-mail address: (to be used for future annual report notification) | η |
| For further information concerning to | his matter, please call: | |
| NATAMY ME | | |
| Name of Person | Area Code Daytime Telephone Number | |
| Enclosed is a check for the following | g amount: | ं लि |
| | (additional copy is enclosed) Certific | Filing Fee, ate of Status & |
| Mailing Address: Registration Section | Street Address: Registration Section | |

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| · · · · · · · · · · · · · · · · · · · | FUNK STUDIO L | LO |
|---|--|---------------------------------------|
| (<u>Name of the Limited Liabi</u> (A Florid | lity Company as it now appears on our da Limited Liability Company) | records.) |
| The Articles of Organization for this Limited Liability | Company were filed on | and assigned |
| Florida document number 74-801786 | 5.246-8 | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the lin | nited liability company here: | |
| The new name must be distinguishable and contain the words "Lin | mited Liability Company," the designation | on "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| Principal office address MUST BE A STREET ADD | RESS) | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX) | · · · · · · · · · · · · · · · · · · · | |
| | | |
| B. If amending the registered agent and/or registere agent and/or the new registered office address here: | | enter the name of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida stree | t address |
| | | , Florida |
| | 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 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, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name | <u>Address</u> | Type of Action |
|--------------|-------------|--|-----------------------------------|
| MGR | Eric Moen | 182 Island Breeze Are Daytona Beach, 71 3 | □Kdd |
| | | Daytona Beach, 71 3 | Z/2/Remove |
| | | | □Change |
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| 11 4 111C1 | nding any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| If an effe <u>Note:</u> | ve date, if other than the date of filing: |
| e record rd is file | specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed. |
| | MARCH 24 2020 |
| Dated_ | |
| | At Jane Moll Signature of a member or authorized representative of a member |
| | Signature of member or authorized representative of a member TIFFAINY MOEN Typed or printed name of signee |
| | TIFFANIL MOEN |

Filing Fee: \$25.00