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COVER LETTER

Division of Corporations Spatterdash Studios L.L.C. SUBJECT: _ Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Edwin Scott Hancock Name of Person Spatterdash Studios L.L.C. Firm/Company 9631 DENTON AVE Suite 14 Address Hudson Florida 34669 City/State and Zip Code spatterdashstudios@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Edwin Scott Hancock Name of Person Daytime Telephone Number Enclosed is a check for the following amount: \$30.00 Filing Fee & Certificate of Status □ \$25.00 Filing Fee ☐ \$55.00 Filing Fee & **\$60.00** Filing Fee. Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address:

TO:

Registration Section

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

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

Spatterdash Studios L.L.C.			
(Name of the Limited (A	Liability Company as it now app Florida Limited Liability Compan	<u>vears on our records.)</u> y)	
The Articles of Organization for this Limited Liab	oility Company were filed on	10/31/2019	and assigned
Florida document number L19000278484	·		
This amendment is submitted to amend the follow	ring;		
A. If amending name, enter the new name of the	ne limited liability company	here:	
What We Live For Media "LLC"			
The new name must be distinguishable and contain the work	ds "Limited Liability Company," th	ne designation "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if applicab	ile:		V 63
(Principal office address MUST BE A STREET.			, 7
			· (5)
Enter new mailing address, if applicable:			- (1)
(Mailing address MAY BE A POST OFFICE BO	<u></u>		<u> </u>
			(3) (3)
			3
B. If amending the registered agent and/or reg		r records, <u>enter the nam</u>	e of the new registered
agent and/or the new registered office address	<u>here</u> :		
Name of New Registered Agent:	· · ·		
New Registered Office Address:			
	Enter 1	Florida street 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, enter the title, name, and address of each person being added or removed from our records:

MGR =	Manager
AMBR =	Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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ective date, if other than the date of filing: a effective date is listed, the date must be specific and cannot be prior to date: If the date inserted in this block does not meet the applicable sument's effective date on the Department of State's records.	te of filing or more than 90 days after filing.) Pursuant to 60:	5.020 ted a:
record specifies a delayed effective date, but not an he 90th day after the record is filed.	effective time, at 12:01 a.m. on the earli	ier o
cd 2/25/2023		

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Filing Fee: \$25.00