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COVER LETTER

| TO: Registration Section Division of Corporations | |
|---|-------------|
| SUBJECT: Mitch Money Entertainment > LL | _ |
| | |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. | |
| Please return all correspondence concerning this matter to the following: | |
| Glenn Mitchell Name of Person | |
| | |
| Firm/Company | |
| 4759 Rio Court | |
| Kissimmee FL 34746 | |
| City/State and Zip Code | |
| E-mail address: (to be used for future annual report notification) | |
| For further information concerning this matter, please call: | |
| Glenn Mitchell a. 704, 726 7095 | |
| Name of Person Area Code Daytime Telephone Number | |
| Enclosed is a check for the following amount: | |
| (additional copy is enclosed) Certified | of Status & |
| Mailing Address: Street Address: | |

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

| Mitch Money Entertainment > LLC | |
|---|------------------------|
| (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) | - |
| The Articles of Organization for this Limited Liability Company were filed on April 23, 2020 and a Florida document number \(\begin{array}{c ccccccccccccccccccccccccccccccccccc | ussigned HAY - I AH |
| Money Mitch Enterprise LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation | |
| 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 agent and/or the new registered office address here: | new registered |
| Name of New Registered Agent: | |
| New Registered Office Address: Enter Florida street address | ···· |
| , Florida | de |

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 |
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| filing or more than 90 days | after filing.) Pursuant to | 605.02 listed : |
| | of: (b) The 90th day | after th |
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| | filing or more than 90 days tory filing requirements | 2020 (optional) filing or more than 90 days after filing.) Pursuant to tory filing requirements, this date will not be :01 a.m. on the earlier of: (b) The 90th day |

Filing Fee: \$25.00