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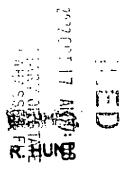
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COVER LETTER

TO: R	egistration Sivision of Co	ection orporations			
SUBJECT	AUDUBO	ON RECORDS LLC			
JOBSILE I	·	Name of Li	mited Liability Company		
The enclos	ed Articles of	f Amendment and fee(s) are su	bmitted for filing.		
		ondence concerning this matte	_		
		Daniel Coppens			
			Name of Person		
		AUDUBON RECORDS I	LLC		
			Firm/Company		
		2600 Cole Road			?:)?
			Address		r-5
		Orlando, FL 32803			117
			City/State and Zip Code		AM 7:08
		audubonstudios@gmail.cor			[
For further	information c	E-mail address: (concerning this matter, please c	to be used for future annual report not call:	ification	80
Daniel Cop	pens		407 616-6657		
	Name o	f Person		e Telephone Number	_
Enclosed is	a check for the	ne 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 For Certificate of Street Copy tadditional copy is:	tatus &
	ulling Addres gistration S		Street Address: Registration Se	ction	
Di	vision of C	orporations	Division of Cor		
	D. Box 632		The Centre of T	l'allahassee	
Tallahassee, FL 32314			2415 N. Monro	e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AUDUBON RECORDS 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 $\frac{05/01/2020}{1}$ and assigned Florida document number _____L20000117946 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: AUDUBON EMPIRE RECORDS LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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

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 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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ffective date, if other than the an effective date is listed, the date must	date of filing:	rior to date of filing o	c more than 90 days after	o nal) Tiling Venragant te	. 605 020
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record specifies a delayed effective	e date, but not an effectiv	re time, at 12:01 a.r	n. on the earlier of: (b) The 90th day	after the
d is filed.				-	
October 12.	2022				
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Pated					
pated	Signature of a member or a				