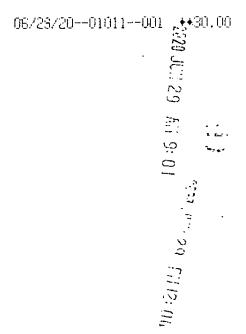
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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Department of State

Division of Corporations

Stealth Courier LLC

1531 Commonwealth Business Dr.

Ste 105

Tallahassee, Fl. 32303

850-294-5632

Stealth Courier Box

Company: Miami Art Department

Requester: Advance Insight Accounting

COVER LETTER

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|------------|------------------------------------|--|---|--|
| SIID IEC | MIAMI AR | RT DEPARTMENT, LLC | | |
| SUBJEC | .1: | RT DEPARTMENT, LLC Name of Lin | nited Liability Company | · |
| The enclo | osed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please ret | urn all correspo | ondence concerning this matter | to the following: | |
| | | BRYANT T'AVAREZ | | |
| | | | Name of Person | |
| | | MIAMI ART DEPARTM | ENT, LLC | |
| | | | Firm/Company | |
| | | 4000 NW 36TH STREET | | |
| | | | Address | |
| | | MIAMI, FL 33142 | | |
| | | | City/State and Zip Code | |
| | | FLYBRYPRODUCTIONS | @GMAIL.COM | |
| | | E-mail address: (| to be used for future annual report notif | fication) |
| For furthe | r information co | oncerning this matter, please c | all: | |
| BRYANT | TAVAREZ | | 305 300-1441 | |
| - | Name of | f Person | at (| e Telephone Number |
| Enclosed i | is a check for th | e following amount: | | |
| | 0 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 S | | Street Address: | ation |
| | Cegistration S Division of C | | Registration Sec Division of Cor | |
| | O. Box 632 | | The Centre of T | |

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF 2020 JUN 2.9 AH 9: 0.1

| MIAMI ART DEPARTMENT, LLC | | |
|--|---|---------------------------|
| (Name of the Limited Liability Co (A Florida Lim | ompany as it now appears on our records.) ited Liability Company) | |
| The Articles of Organization for this Limited Liability Comp | pany were filed on JUNE 22, 2020 | and assigned |
| Florida document number L20000166634 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited | liability company here: | |
| MIAMI ART DIRECTORS, LLC | | |
| The new name must be distinguishable and contain the words "Limited I | 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 | 5) | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX | | · |
| | | |
| | | |
| B. If amending the registered agent and/or registered off | ice address on our records, enter the | name of the new registe |
| agent and/or the new registered office address here: | _ | |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| THE PROPERTY OF THE PARTY OF TH | Enter Florida street address | |
| | . Floric | ła. |
| - | 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 = M AMBR = A | lanager .uthorized Member | 2020 JUN 29 AM 9: 02 | |
|---------------------|------------------------------|----------------------|----------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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Change

| | ding any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2020 JUL 29 AG 9: 02 |
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| Note: If | e date, if other than the date of filing: Live date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.00 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed it's effective date on the Department of State's records. |
| If the record s | 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 |
| Dated | JNE 29 , 2020 |
| | Byrant Janasan |
| | Signature of a member or authorized representative of a member |

Filing Fee: \$25.00