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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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COVER LETTER

TO:

Registration Section

Division of C	orporations		
	DISPLAY LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	ANGELA DAUBAR		
		Name of Person	
	MIAMI DISPLAY LLC		
		Firm/Company	
	15123 SW 35TH TER		
	-	Address	
	MIAMI, FL 33185		
	D. C. COM A MINISTER AV	City/State and Zip Code	
	INFO@MIAMIDISPLAY. E-mail address: (to be used for future annual report no	outication)
For further information	concerning this matter, please c	all:	
ANGELA DAUBAR		786 4453761	
Name	e of Person	Area Code Dayt	ime Telephone Number
Enclosed is a check for	the following amount:		
S25.00 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 Addr Registration Division of		Street Address: Registration S Division of C	
P.O. Box 61 Tallahassee		The Centre of 2415 N. Moni	`Tallahassee roe Street, Suite 810
		2 11 2 1 1 1 1 1 O I I I	. Ju Juliu Citt

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Miami Display 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 AUGUST 19,2020 and assigned Florida document number L20000257063 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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 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 (2018) - 2 P. 12: 53	Type of Action		
MGR	ROBERTO DAUBAR	15123 SW 35TH TER	□Add		
		MIAMI, FL 33185	■Remove		
			ElChange		
MGR	ANGELA DAUBAR	15123 SW 35TH TER	🗆 Add		
		MIAMI, FL 33185	□Remove		
			≘ Change		
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Filing Fee: \$25.00