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COVER LETTER
TO: Registration Section Division of Corporations
SUBJECT: (Was) U.S. ANIMATION LLE Conged recently to) Name of Limited Liability Company KINGST UNE STUDIOS FORD !
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
ART ANNIS Name of Person (CINGS TONE Firm/Company 1730 Ci Hizen's Blvd. Ste 701 Address Leesburg FL. 34748 City/State and Zip Code AAA YRIS D. V. N. GS TONK CO.
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy fadditional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy fadditional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	OI man we have a man man of the second
[15ted as:	OR KINGSTONE STUDIOS PUNEY
DIMER 129 ANIMATION LL	c = recontiden 101.VOSTONESTWOUS
(Name of the Limited Liability Con	npany as it now appears on our records.)
(A Corna Cana	or KIN6570NE STUDIO 2 PUNE / LOS TECHNOLOS CINOSTONE STUDIOS Inpany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Compa	my were filed onand assigned
Torida document number L Z0 000 3967/2	
Total discurrent number	P. 11/1 &
This amendment is submitted to amend the following:	new name please
A. If amending name, enter the new name of the limited li	•
1CIN6970NE F	EUND 1 LLC.
The new name must be distinguishable and contain the words "Limited Li	iability 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	` '1
Timeput office address Float BL ASTREET ASTREET	
	NO CHANGE
	NO CHANGE &
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	PH 3:
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B. If amending the registered agent and/or registered offi	ice address on our records, enter the name of the new registere
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	_
New Registered Attrice Additions.	Enter Florida street address
	Florida
	, Florida

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 = Manage	r'		
AMBR = Authori	zed Member		

<u>Title</u>	<u>Name</u>	Address	Type of Action
			🗆 Add
	4		□Remove
	NO CHANGE		□Change
			Remove
			□Change
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			□ P. amoura

	BNCY CHANGE IS TO NEW NAME:
	KINGSTONE FUNDI
-	war U.S. ANIMATION
-	last week subwithed KINGSTONE STUDIOSIEUNDI
-	And name to be KINGSTONE FUND
-	
-	
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	we date, if other than the date of filing: $\frac{9/22/23}{1000000000000000000000000000000000000$
e recore rd is fil	I 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 ed.
	Signature of a member or authorized representative of a member
Dated_	