LZ1000136309

(Re	equestor's Name)	
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TO:					
SUBJI	ECT:	Madtastic Ito	Idings, LLC		
	Registration Section Division of Corporations JECT: Mad Institute I liability Company And I liabili				
The en	closed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspon	ndence concerning this matter	to the following:		
				LLC	
		1211 C	ha-lottesville B	101	
		Knoxvil	City/State and Zip Code	······	
		E-mail address: (to be used for future annial report noti	Confication)	
For fur	ther information co	oncerning this matter, please ca	ali:		
			at (214) 86 Area Code Daytim	9 - 14 70 e Telephone Number	
Enclos	ed is a check for th	e following amount:			
□ \$2	5.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy	
				21	9
	Mailing Address Registration S Division of Co P.O. Box 632 Tallahassee, F	Section orporations 7	Registration Se Division of Cor The Centre of T	ction Porations Nallahassee Street, Suite 810	THED

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	OF		
Madtastic	Holdings	LLC	

(Name of the Limited Liability Com (A Florida Limite	pany as it now appear d Liability Company)	s on our record	<u> s.</u>)	
The Articles of Organization for this Limited Liability Compar Florida document number <u>L21000136309</u> .	ny were filed on	March 2	3, 2021	and assigned
This amendment is submitted to amend the following:				
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." Inter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the new registered.				
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the do	esignation "LLC	or the abbrev	riation "L.L.C."
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 agent and/or the new registered office address here: Name of New Registered Agent:				
New Registered Office Address:				
New Registered Vittle Address.	Enter Flor	ida street addres	55	
		, FI	orida	
New Registered Agent's Signature, if changing Registered Agen	City			Zip Code
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	 gree to act in this c te performance of s provided for in C	my duties, as hapter 605, y confirm th	nd I am Jam F.S. Or Af 1 at the limite 2 2	iliar with and his document is document is document is diability

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>	<u>Address</u>	Type of Action
MGR	John Flood	1211 Charlottes wilk Blud	i\dd
		Knoxville TN 37922	□Remove
			□Change
			□Add
			□ Remove
			□Change
			□ Add
			□Remove
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		0.	∏Add
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n effective date is listed, the date mu	st be specific and	cannot be prior	to date of filing o	r more than 90	days after fili	ng.) Pursu	ant to 605,020
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ted 17p-11	Signature of a m	nember or autho	rized representat	ive of a member	- er	2: 02	