Florida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

75

Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC

Account Number : I20070000020

Phone

: (813)435-3176

Fax Number

: (813)333-6358

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SYNDCT ENTERTAINMENT, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$25.00 |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| SYNDCT ENTERTAINMENT, LLC | |
|--|--|
| (Name of the Limited Liability Company as it now appears (A Florida Limited Liability Company) | on our records.) |
| | |
| The Articles of Organization for this Limited Liability Company were filed on $\frac{06/1}{2}$ | 16/2021 and assigned |
| Florida document number L21000280839 | |
| | |
| his amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liability company her | <u>re</u> : |
| | |
| The new name must be distinguishable and contain the words "Limited Liability Company," the de | signation "LLC" or the abbreviation "L.L.C." |
| Catanana and aire la officer address if amplicables | |
| Enter new principal offices address, if applicable: | |
| Principal office address MUST BE A STREET ADDRESS) | |
| | |
| | |
| Enter new mailing address, if applicable: | |
| (Malling address MAY BE A POST OFFICE BOX) | <u> </u> |
| Maning address MAT BE AX OST OFFICE Door | |
| | |
| B. If amending the registered agent and/or registered office address on our re | cords, enter the name of the new regi |
| agent and/or the new registered office address here: | 022 |
| activities of the second secon | TH. |
| | |
| Name of New Registered Agent: | 6 |
| New Registered Office Address: | |
| Faster Flor | rida street address |
| | .Florida · · · № |
| Cin | · 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.

City

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 |
|--------------|--------------|-------------------------|----------------------|
| MGR | RAMON PATTON | 100 S Belcher Rd # 6157 | □Add |
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| | | CLEARWATER, FL 33758 | Change |
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| ecord spec | ifies a delayed ef | fective date, bu | ut not an | effective t | ime, at 12. | :01 a.m. on | the earlier | of: (b) T | he 90th day | after the |
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| | 9\ A | | | | _ | | | | | |
| _ | 13/2 | Signature | of a men | riber or nuth | orized repr | esentative of | a member | | | |