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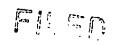
COVER LETTER

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TO:	Registration Se Division of Cor			
et:b II	CCT.	Fire Flame	Entertainment	
SUBJI	.CT:	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
			Justin Kelly	
			Name of Person	
			Fire Flame Entertainme	ent
			Firm/Company	
			11536 Riva Ridge Ct	
			Address	·
		lac	:ksonville Fl 32218	
		Jac	City/State and Zip Code	
			Fireflame0516@gmail.c	
		E-mail address: (to be used for future annual	report notification)
For fur	ther information c	oncerning this matter, please c	all:	
	Justin K	elly	at (<u>904</u>)	352-4546
	Name o	f Person	Area Code	Daytime Telephone Number
Enclos	ed is a check for th	ne following amount:		
X) \$2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is end	Certificate of Status &
	Mailing Addres		Street A	
	Registration S Division of C			ation Section n of Corporations
	P.O. Box 632		The Ce	ntre of Tallahassee
	Tallahassee, l	FL 32314	2415 N	. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2022 JAN -3 AH IO: 24 Fire Flame Entertainment 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 ______ December 14, 2021 ____ and assigned Florida document number L2100370042 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 "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/a 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 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	Markis Johnson	11536 Riva Ridge Ct	M∧dd
		Jacksonville Fl 32218	
			□Change
<u></u>			□Add
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if an effective I	ve date, if other than the date of filing:
	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
d is file	
	December 29th 2021
rd is file Dated _	December 29th 2021 Signature of a member or authorized representative of a member

Filing Fee: \$25.00