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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Fax Number : (855)330-1010

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

Email	Address:				
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DRAGON FLIGHT PRODUCTIONS LLC

Certificate of Status	0
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

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DRAGON FLIGHT PRODUCTIONS LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florid	a Limited Liability Company)		
The Articles of Organization for this Limited Liability (Florida document number L21000511597	Company were filed on <u>1</u> 	2/02/21	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company h	ere:	
The new name must be distinguishable and contain the words "Lir	nited Liability Company," the	designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			<u></u>
(Principal office address MUST BE A STREET ADD	RESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		records, <u>enter the na</u>	21 - ::
Name of New Registered Agent:			FILE DEC 27
New Registered Office Address:	Enter Fle	orida street address , Florida	ALCONO.
_ 	Сиу		= Zip C

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>	Name	Address	Type of Action
AMBR	Phillip Prest	7901 4th St N STE 300	X Add
		St. Petersburg FL 3370	12 □Remove
			□Change
			🗆 Add
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Effective date, if other tha If an effective date is listed, the da Note: If the date inserted in a document's effective date on	his block does	not meet the ap	plicable statutor	g or more than 90 y filing requiren	(optional) days after filing.) Pur ents, this date will	suant to 605,0207 (not be listed as t
ne record specifies a delayed en ord is filed.	fective date, bu	it not an effectiv	ve time, at 12:01	a.m. on the earl	ier of: (b) The 90	th day after the
Dated 12/27		2021				
^^	<u></u>					
() organ	Signature	of a member or a	uthorized represe	ntative of a memb	er	

Filing Fee: \$25.00