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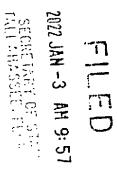
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COVER LETTER

TO: Registration Section

Division of Cor	porations		
SUBJECT: Big Impact	Films, LLC		·
<u></u>	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	andence concerning this matter	to the following:	
	Paul Prewitt		
		Name of Person	
	Big Impact Films, LLC		
		Firm/Company	
	503 glenview Blvd		
		Address	
	daytona Beach, FL 32118		
	tyfilmproducer# aol com	City/State and Zip Code	
	E-mail address (to be used for future annual report	notification)
For further information c	concerning this matter, please c		
Paul Prewitt		386 290-9220	
Name (of Person	at () Area Code Da	ytime Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of O P.O. Box 633 Tallahassee.	Section Corporations 27	The Centre	Section Corporations of Tallahassee onroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Big Impact Films, LLC

2022 JAN -3 AH 9: 57

(Name of the Limited Liability Company as it now appears on our records) CRETARY OF STATE (A Florida Limited Liability Company) TAFFAHASSEF FLORIDA TALLAHASSEE, FLIG The Articles of Organization for this Limited Liability Company were filed on ______ and assigned _____ and assigned Florida document number L21000530793 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) 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 _____. 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 = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	PAUL PREWEUT	503 glenview blvd, Daytonba Beach, FL 32118	
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signature of a member or authorized representative of a member	ated _			<u> </u>		Alk			
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Typed or printed name of signee