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Special Instructions to	Filina Officer:	
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COVER LETTER

TO:

Registration Section

Division of C	orporations		
SUBJECT:	Strawberry Jam Film Name of Lin	LLC"	
	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sul	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
		-	
		Laura Femino	
		Name of Person	<u> </u>
		Lioness Film LLC	
		Firm/Company	
	7728 (0	Ilins Ave, Apt 10	
		Address	
	A	r . D . c. 721111	ı
		City/State and Zip Code	
	Laura	D Lioness Film. Com	
		to be used for future annual report r	notification)
For further information	concerning this matter, please c	all:	
Laur	a Femino	at (<u>508</u>) 2.	21-3539
Name	of Person	Area Code Day	time Telephone Number
Enclosed is a check for	the 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		Street Address:	Castian
	Corporations	Registration S Division of C	
P.O. Box 63	27	The Centre of	Tallahassee
Tallahassee,	FL 32314	2415 N. Mon	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Derry Jam Film LLC"		
(<u>Name of the Limited Liab</u> (A Flor	oility Company as it now appears o ida Limited Liability Company)	n our records.)	
The Articles of Organization for this Limited Liability Florida document number 上よる000011月33	Company were filed on Jany	1,2022, effectin Jan 1,	لادمور and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company here	:	
Strawberry Jam Film L	.66		
The new name must be distinguishable and contain the words "L	imited Liability Company," the desig	gnation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	DRESS)	-	
			_
Enter new mailing address, if applicable:			2022 F
(Mailing address MAY BE A POST OFFICE BOX)			# 11
Wraming matress WAT BE A FOST OFFICE BOA			
		<u> </u>	≥ m
B. If amending the registered agent and/or register	ed office address on our reco	rds, enter the name	of the new registere
agent and/or the new registered office address here	:	774	ω
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida	street address	
		, Florida	
	City		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.

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
			□Add
			□Remove
			□Change
			DbbA
			🗀 Remove
			Change
		🗆 Add	
		□Remove	
			□Change
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			Remove
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). 11 au	ending any other information, enter change(s) here: (Attach additional sheets, if necessary,)
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-	
(If an eff	ive date, if other than the date of filing:
ora is ii	
Dated	January 30 2022 Lan L. Fline
	Lan J. Flin
	organization a member of authorized representative of a member
	Laura L. Femino