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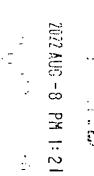
| (Re | equestor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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| TO: Registration Se Division of Cor | | | |
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| DL Films 1 | 1.C | | # |
| SUBJECT: | Name of Lim | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | David Lysyy | | |
| | | Name of Person | |
| | DL Films LLC | | |
| | | Firm/Company | |
| | 10485 McAleer Rd | | |
| | | Address | |
| | Jacksonville, FL 32246 | | |
| | contact@davidlysyy.com | City State and Zip Code | |
| | E-mail address: (| to be used for future annual report noti | fication) |
| For further information of | concerning this matter, please c | all: | |
| David Lysyy | | 253 335-3679 at () | |
| Name o | of Person | Area Code Daytim | ne 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) | Sou.00 Filing Fee. Certificate of Status & Certified Copy radditional copy is enclosed |
| Mailing Addre | | <u>Street Address:</u> Registration Se | ction |

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| DL Films LLC | | • | |
|---|--|-------------------------|------------|
| (<u>Name of the Limited Liability C</u> (A Florida Lii | Company as it now appears on our rec mited Liability Company) | oras.) | |
| The Articles of Organization for this Limited Liability Com | npany were filed on January 28, 20 |)22 anc | l assigned |
| Florida document number 1.22000049748 | | | |
| his amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited | d liability company here: | | |
| D&E FILMS LLC | | | |
| he new name must be distinguishable and contain the words "Limited | Himbility Company," the designation "I | LLC" or the abbreviatio | n "L.L.C." |
| Enter new principal offices address, if applicable: | 2640 Abbotsford St | SEC 2707 | 5 |
| Principal office address MUST BE A STREET ADDRES | North Port, FL 34287 | | , h |
| | | - 1 α | |
| Enter new mailing address, if applicable: | 2640 Abbotsford St | , <u>a</u> | |
| Mailing address MAY BE A POST OFFICE BOX) | North Port, FL 34287 | | <u>-</u> |
| | | | |
| If amending the registered agent and/or registered or gent and/or the new registered office address here: | ffice address on our records, <u>en</u> | ter the name of the | new reg |
| Name of New Registered Agent: | | | |
| 26.10 A ki | botsford St | | |
| New Registered Office Address: 26-40 Aut | Enter Florida street ad | ldress | |
| North Po | | . Florida <u>34287</u> | |
| | Cirv | . 1 101 104 Zip (| ode |

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 Changing Registered Agent. | Signature of New | Registered Agent |
| | | |

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 |
|--------------|-------------|-------------|----------------|
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Typed or printed name of signee