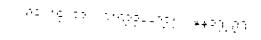
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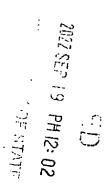
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. COVER LETTER

TO:

Registration Section

Divi	ision of Cor	porations		
CUD HECT.	Make Belie	ve Center of Innovation and C	reativity LLC	
SUBJECT:		Name of Lim	ited Liability Company	-
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Phillip Simpson		
			Name of Person	
			Firm/Company	
		2933 Econ Landing Blvd.		
			Address	
		Orlando FL, 32825		
		ShareThinkDesign@gmail.	City/State and Zip Code	
			to be used for future annual report not	ification)
For further in	formation c	oncerning this matter, please c	all:	
Phillip Simpson		407 7015395 at ()		
•	Name o	f Person	Area Code Daytir	nc Telephone Number
Enclosed is a	check for th	ne following amount:		
□ \$25.00 F	iling 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 Address: Registration Section		<u>Street Address:</u> Registration So	ection	
Division of Corporations			Division of Co	rporations
). Box 632 lahassee, I		The Centre of 2415 N. Monro	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Make Believe Center of Innovation and Creativity 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 March 02, 2022 and assigned Florida document number <u>L2200</u>0107702 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Make Believe Book Store Studios LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 City 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 R 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
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□ Change
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Iffective date, if other than the an effective date is listed, the date must be a listed. If the date inserted in this blocument's effective date on the Do	t be specific and cannot be prior ock does not meet the applic	to date of filing or more than able statutory filing requir		
record specifies a delayed effective	e date, but not an effective ti	me, at 12:01 a.m. on the e	arlier of: (b) The 90th day after	r the
d is filed.				
d is filed. September 15 Pated	2022	<u></u> .		
Pated September 15	·	_·		
Pated September 15		orized representative of a mea	nber	