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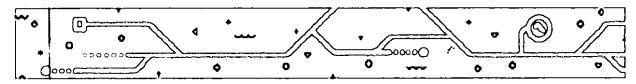




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JUSTIN OF CORPORATION



zenbusiness

Aug 9, 2022

Florida Secretary of State Division of Corporations 2415 N Monroe St Suite 810 Tallahassee, FL 32303

RE: Dade County Unity Records LLC

OP ANG 15 PM 2: 54

To Whom It May Concern:

Attached please find the executed <u>Articles of Amendment</u>, for the above referenced. Please review and file the attached document on a routine basis.

Once completed please forward the filed confirmation or notification to the address listed below:

ZenBusiness Inc Attention: Kelly Castro 336 E. College Ave, Suite 301 Tallahassee, FL 32301

If you have any questions, please feel free to contact me at 844-493-6249 or at fulfillment@zenbusiness.com.

Thank you. Kelly Castro ZenBusiness Customer Success

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Dade County Unity Records LLC | | | |
|--|--|---|--------------------------------|
| (<u>Name of the Limited Liability Cor</u> (A Florida Limit | npany as it now appears on our records.) ed Liability Company) | | |
| The Articles of Organization for this Limited Liability Compa | any were filed on 03/23/2022 | and assig | ned |
| Florida document number 1.22000142735 | | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited li | iability company here: | | |
| Dade County Unity Entertainment LLC | | | |
| The new name must be distinguishable and contain the words "Limited Li | ability Company," the designation "LLC" or t | he abbreviation "L.L. | C." |
| Enter new principal offices address, if applicable: | | | |
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| Principal office address MUST BE A STREET ADDRESS | | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | _ ; |
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| Enter new mailing address, if applicable: | | 5 | 92 02 |
| Mailing address MAY BE A POST OFFICE BOX) | | P | |
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| | | 12: 51 | 7:12 |
| B. If amending the registered agent and/or registered offic | no address an our records, enter the | name of the name | T. Pozlista: |
| gent and/or the new registered office address here: | ce address on our records, enter the | name of the new | egiste |
| | | | |
| Name of New Devictored Agents | | | |
| Name of New Registered Agent: | **** | | |
| New Registered Office Address: | | | |
| | Enter Florida street address | | |
| | , Florid | a | |
| | 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 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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| ffective date, if other than the dat | te of filing: | | | (optio | nal) | |
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| ated August 09 | . 202 | 2 | | | | |
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| /s/ Harold Dow | 70H | ····· · | | | | _ |
| /s/ Harold Dow Sign | 1011 hature of a member | or authorized rep | presentative of a | member | <u></u> | _ |

Filing Fee: \$25.00