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1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE AUTHORIZATION COST LIMIT : ORDER DATE : 2/21/2024 ORDER TIME : ORDER NO. : CUSTOMER NO: DOMESTIC AMENDMENT FILING NAME: BIG SHOULDERS PRODUCTIONS LLC EFFECTIVE DATE: ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

EXAMINER'S INITIALS:

CONTACT PERSON: ALEXXIS WEILAND-SORENSON

CORPORATION SERVICE COMPANY

DocuSign Envelope ID: 122B1C24-797C-4BCF-88D2-87B79FEE4CA0 COVER LETTER TO: Registration Section

	rision of Co				
SUBJECT:		JLDERS PRODUCTIONS LL	С		
SUBJECT.		Name of Lin	nited Liability Company		
The enclosed	d Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return	all correspo	ondence concerning this matter	to the following:		
		LAUREN M BUCKMAN		•	
			Name of Person	 	
		MUCH SHELIST, P.C.			
			Firm/Company		
191 N. WACKER DR., STE. 1800			* <u>*</u> .*		
			Address		
		CHICAGO, IL 60606			
			City/State and Zip Code	<u> </u>	
	LBUCKMAN@MUCHLAW.COM E-mail address: (to be used for future annual report notification)				
			to be used for future annual report no	otification)	
For further in	nformation c	oncerning this matter, please c	all:		
LAUREN M	I BUCKMA	N	312 521-2138		
	Name o	f Person	Area Code Dayti	me Telephone Number	
Enclosed is a	i check for th	ne following amount:			
□ \$25.00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Reg	iling Addres gistration S	Section	Street Address: Registration S		
	zision of C). Box 632	orporations	Division of Co The Centre of		
	lahassee, I			roe Street. Suite 810	

Tallahassee, FL 32303

DocuSign Envelope ID: 122B1C24-797C-4BCF-88D2-87B79FEE4CA0

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BIG SHOULDERS PRODUCTIONS LLC		
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L22000225266}{L}$.	were filed on 05/24/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.1C."
Enter new principal offices address, if applicable:	110 WASHINGTON AVENUE	<u>.</u>
(Principal office address MUST BE A STREET ADDRESS)	UNIT 1618	
	MIAMI BEACH, FL 33139	
		777
Enter new mailing address, if applicable:	110 WASHINGTON AVENUE	
Mailing address MAY BE A POST OFFICE BOX)	UNIT 1618	1 TE 10 TE
	MIAMI BEACH, FL 33139	
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter the</u>	name of the new regis
New Registered Office Address:		
	Enter Florida street address	
	, Floric	
	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

DocuSign Envelope ID: 122B1C24-797C-4BCF-88D2-87B79FEE4CA0 in 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
MGR	LESLIE WEINGER	110 WASHINGTON AVENUE	□Add
		UNIT 1618	□Remove
		MIAMI BEACH, FL 33139	■Change
			□ Add
			□Remove
			□Change
			□Add
			Remove S
			-
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ctive d	ate, if other than the date of filing: _ date is listed, the date must be specific and can	not be prior to de	are of filing or mo	(option	onal)	Pursuant to 605.0
e: If the	e date inserted in this block does not meet effective date on the Department of State	the applicable				
micit 5	effective date on the Department of State	s records.				
ord spe	cifies a delayed effective date, but not an	effective time,	at 12:01 a.m. o	n the earlier of: (b) The	90th day after t
filed.						
	February 20 2	024				
rd	cuSigned by:	 -				
1	it Winger DBBFE878461 Signature of a mem					
						