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COVER LETTER

TO:

SUBJECT:		ited Liability Company	
Vienna Entertainment LLC Name of Limited Liability Company the enclosed Articles of Amendment and fee(s) are submitted for filing. the enclosed Articles of Amendment and fee(s) are submitted for filing. the enclosed Articles of Amendment and fee(s) are submitted for filing. Matthew Monelli Name of Person Vienna Entertainment LLC Firm/Company 1317 EDGEWATER DR, #402 Address Orlando, FL, 32804 City/State and Zip Code info.rememberpictures@gmail.com E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: Matthew Monelli Name of Person Name of Person Daytime Telephone Number Inclosed is a check for the following amount:			
Please return all correspo	ndence concerning this matter	to the following:	
	Matthew Monelli		
		Name of Person	
	Vienna Entertainment LLC		
		Firm/Company	
	1317 EDGEWATER DR.	#402	
		Address	
	Orlando, FL, 32804		
	-		
			ification)
For further information c			meanon
Matthew Monelli			
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
		Registration Se	
Division of C P.O. Box 632	-	Division of Co The Centre of	-
Tallahassee,			pe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Vienna Entertainment LLC

company has been notified in writing of this change.

(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 June 13th, 2022	and assigned
Florida document number L22000267531	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
Remember Pictures LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abb	reviation "L.L.C."
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)	<u></u>
	<u>.</u>
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:	
NI CNI D. L. LA .	
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	
, Florida, City	
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 provisions of all statutes relative to the proper and complete performance of my duties, and I am faceept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, is being filed to merely reflect a change in the registered office address, I hereby confirm that the lim	umiliar with and if this document is

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>	<u>Address</u>	Type of Action
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			☐ Change
			□ Add
			□Remove
			□Change
			Remove
			□Change
			□Add
			□Remove
		<u> </u>	□Change
			□ Add
			□Remove
			□ Change

				*
				
		 		
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nan effectiv Note: If the	ve date is listed, the date must b	c does not meet the applicable st	of filing or more than 90 days after filing atutory filing requirements, this date	g.) Pursuant to 605.0207 (
record sp d is filed.		late, but not an effective time, at	12:01 a.m. on the earlier of: (b)	he 90th day after the
Dated	June 16th			
		UIII la		
	Si	gnature of a member or authorized r	epresentative of a member	
		Matthew Mon	***	