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	Registration S Division of Co			
erin ipa		rena, LLC		
SUBJEC	∴:		nited Liability Company	
The encl	osed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all corresp	ondence concerning this matter	to the following:	
		Katie Fitzpatrick		
			Name of Person	
		TMRW Sports Group		
			Firm/Company	
		807 S. Orlando Ave Suite	J	
		· · ·	Address	
		Winter Park, FL 32789		
			City/State and Zip Code	
		katie.fitzpatrick@tmrwspor	tsgroup.com	
		E-mail address: (to be used for future annual report notification	1)
For furth	er information	concerning this matter, please c	all:	
Katie Fit	zpatrick		352 400-2159	
	Name	of Person	Area Code Daytime Telep	phone Number
Enclosed	l is a check for	the following amount:		
\$25 .	00 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)
	Mailing Addre		Street Address: Registration Section	
Registration Section Division of Corporations			Division of Corporations	
	P.O. Box 63	27	The Centre of Tallah	
	Tallahassee,	FL 32314	2415 N. Monroe Stre	eet, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TMRW Arena, 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 07/28/2022 and assigned Florida document number <u>L22000334151</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: TMRW Studios, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C" or the abbreviation "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) 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

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.

City

. Florida

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
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fan effe <u>Note:</u> I	te date, if other than the date of filing:
record d is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Dated _	Februery 13. 2023.
	February 13 2023. Signature of a member or authorized representative of a member
	Typed or printed name of signee