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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN UTOPIA ENTERTAINMENT GROUP LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

UTOPIA ENTERTAINMENT GROUP 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 Liab	oility Company were filed on 12/15/22	and assigned
Florida document number L22000526134		_
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of the	he limited liability company here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicab	de:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	D.X)	
agent and/or the new registered office address l	istered office address on our records, <u>enter the na</u> <u>here</u> :	ame of the Rew registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	PH .
	, Florida	6: 32
	City	Zip Codv

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 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

Title	<u>Name</u>	Address	Type of Action
MGR	Anna Alon	501 E Las Olas Blvd.	X (Add
		Fort Lauderdale, FL 33301	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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Effective date, if other than the (If an effective date is listed, the date mu. Note: If the date inserted in this bedocument's effective date on the I	ist be specific and cannot be prior to date of fil lock does not meet the applicable statuto	(optional) ling or more than 90 days after filing.) Pursuant to 605,0207 (3 ory filing requirements, this date will not be listed as th
ne record specifies a delayed effectiond is filed.	ve date, but not an effective time, at 12:0	If a.m. on the earlier of: (b) The 90th day after the
Dated May 16		
Rolling from	C37 Signature of a member or authorized repres	
	Signature of a member or authorized repres	entative of a member
Robin Jone	9	
TODIT OUTC	Typed or printed name of s	:

Filing Fee: \$25.00