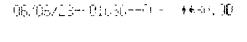
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PICK-UP WAIT MAIL
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COVER LETTER

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

EXCALIBU	JR 3D LLC				
SUBJECT: Name of Limited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Jacopo Ciulla				
		Name of Person	<u> </u>		
		Firm/Company			
	1575 Greenlea Dr. Apt 7				
	Address Clearwater, FL 33755				
		City/State and Zip Code			
		to be used for future annual report noti	fication)		
For further information c Jacopo Ciulla	oncerning this matter, please co	all: 727 4585445			
засоро слина					
Name o	f Person	at () Area Code Daytim	e Telephone Number		
Enclosed is a check for the	ne following amount:				
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addres Registration S Division of C P.O. Box 632	Section orporations	Street Address: Registration Sec Division of Cor The Centre of T	porations		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EXCALIBUR 3D LLC		
(Name of the Limited Liability Company : (A Florida Limited Liab	is it now appears on our records.) ility Company)	
The Articles of Organization for this Limited Liability Company we lorida document number $\frac{1.23000091540}{1.23000091540}$.	re filed on	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liability	company here:	
ne new name must be distinguishable and contain the words "Limited Liability C	Company," the designation "LLC" or the a	hbreviati <u>pn</u>]"L.L.C."
nter new principal offices address, if applicable:		23 3
Principal office address MUST BE A STREET ADDRESS)		- 6
-		<u> </u>
nter new mailing address, if applicable:		. ၅ <u>မ</u>
Aailing address MAY BE A POST OFFICE BOX)		
-		_
. If amending the registered agent and/or registered office add gent and/or the new registered office address here:	ress on our records, enter the nan	ne of the new reg
Name of New Registered Agent:		
New Registered Office Address:		
ren registered office radices.	Enter Florida street address	
	Florida	

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

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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
MGR	Diego Iglesias	2537 SANDS TERRACE NORTH, BLDG 8, UNIT 209	
		CLEARWATER, FL 33764	□Add
		CLEARWAILRCILSSAN	= Remove
			□Change
			□Remove
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ctive (date, if other than the date of filing:	(optional)
<u>e:</u> If th	e date is listed, the date must be specific and cannot be prior to date of filing ne date inserted in this block does not meet the applicable statutory	
iment)	s effective date on the Department of State's records.	
urd en	ecifies a delayed effective date, but not an effective time, at 12:01 a	on on the parlier of (b). The 90th day after th
filed.	ective a delayed effective date, but not an effective time, at 12.01 a	ini. On the earlier of. (b) The 90th day after th
:d	DUNG 1 2023	
	Signature of a member or authorized represent	ative of a member
	Jacopo Ciulla	