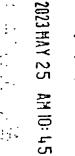
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(Requestor's Name)
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(Business Entry Name)
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Incorporating Services, Ltd.

incserv

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

ORDER FORM

TO Florida Department of State

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303

corphelp@dos.myflorida.com

850-245-6051

FROM , Melissa Moreau

mmoreau@incserv.com

850.656.7953

REQUEST DATE | 5/25/2023

PRIORITY Regular Approval

OUR REF.# (Order ID#3, 1151708

ORDER ENTITY

DOLLY PARD(O) LLC

PLEASE PERFORM THE FOLLOWING SERVICES: DOLLY PARD(O) LLC (FL)

File the attached amendment and provide a certified copy.

NOTES:

\$55.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Thursday, May 25, 2023 Page 1 of 1

COVER LETTER

TO:

Registration Section

Division of Co	rporations				
Dolly Parc	lo(n) LLC				
SUBJECT:	Name of Limi	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Bradley Thompson				
		Name of Person	_		
	Altro LLP			,-,	2023
		Firm/Company		, <u>1</u>	HA!
	155 University Avenue, Su	nite 300		713 120	2023 MAY 25
	-	Address		(n* :22	7
	Toronto, Ontario, Canada,	M5H 3B7		14.	4H 10: 45
		City/State and Zip Code		- :	Ω
	bthompson@altrolaw.com	o be used for future annual report no	arr and and		
For further information (eoncerning this matter, please ea		uncation)		
Bradley Thompson		514 940-8074			
Name o	of Person	at () Area Code Daytii	me Telephone Number		
Enclosed is a check for t	be fallowing amount:				
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status	
Manua Addi		6500			
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration S	ection		
Division of C	Corporations	Division of Co			
P.O. Box 633		The Centre of			
Tallahassee.	FL 32314	2415 N. Monro	oe Street, Suite 8	10	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DOLLY PARD(O) LLC		
(<u>Name of the Limited Liabi</u> (A Flore	ility Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number <u>L23000245528</u>	and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
Dolly Pardo(n) LLC		·- 2
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" or	the abbreviation "D.C."
Enter new principal offices address, if applicable:		YA "T
(Principal office address MUST BE A STREET ADD	DRESS)	25
		S P
		5 5
Enter new mailing address, if applicable:		S. 41 (C) 45
(Mailing address MAY BE A POST OFFICE BOX)		
Training water to the state of		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:		name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Florid	3
· 	Tioria	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

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
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Effective date, if other than the (If an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	ek does not m	eet the applica	o date of filing or ble statutory fil	more than 90 days a ing requirements.	otional) fter filing.) Pursuan this date will not	t to 605.0 be listed	207 (. Las tl
the record specifies a delayed The 90th day after the reco		ate, but not	an effective	e time, at 12:0	1 a.m. on the	earlier	of:
Dated May 24		2023					
		/s/ Sean .	Dollinger 				
	Signature of a n						

Filing Fee: \$25.00