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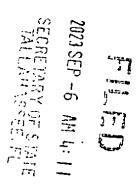
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COVER LETTER

Div	ision of Cor	porations				
. SUBJECT:		eductions LLC				
30 BJT.C.1.	-	Name of Lim	ited Liability Company	_		
The enclosed	I Articles of .	Amendment and fee(s) are sub	mitted for filing.			
		ndence concerning this matter	-			
		Tierra W				
			Name of Person			
		Zenbusiness Inc				
			Firm/Company	_		
	5511 parkerest drive					
			Address			
		Austin, TX 78731				
						
		E-mail address; (to be used for future annual report notification)	- -		
For further in	nformation co	oncerning this matter, please ca	all:			
Tierra W			844 493-6249 at ()			
	Name of	f Person	Area Code Daytime Telephone Num	SECRE DALL		
Enclosed is a	check for th	ne following amount:		AX P To		
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certificational copy is enclosed) Certificational copy is enclosed)	Filing Eec. icate of Status & ied Copy mal copy concluded		

TO:

Registration Section

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bunline productions LLC				
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our records. nited Liability Company))		
The Articles of Organization for this Limited Liability Com Florida document number $\frac{1.23000356430}{1.23000356430}$.	pany were filed on $\frac{07-28-2023}{}$	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company here:			
The new name must be distinguishable and contain the words "Limited Enter new principal offices address, if applicable:		or the abbreviation "L.L.C."		
(Principal office address MUST BE A STREET ADDRES	<u> </u>			
Enter new mailing address, if applicable:	7520 NW 104th Ave	2021 351		
(Mailing address MAY BE A POST OFFICE BOX)	PO Box 112	CRE TI		
	Doral, FL 33178	22 6		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, <u>enter tl</u>	ne name of the new register		
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address			
	, Flor	-ido		
	City	TGa		

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	Silke Prelog	7520 NW 104th Ave	
		PO Box 112	
		Doral, FL 33178	Change
AMBR	Christopher Prelog	11160 Northwest 72nd Terrace	
		Doral, FL 33178-3662	≡ Remove
			□Change
			🗀 Add
		- 11 - 1	□Remove
			☐Change
			SECRETARY OF TALLAHASSE
			SS
			□ Add
			□Remove
			□Change
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			□Change

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fective date, if other than the dat n effective date is listed, the date must be	te of filing:specific and cannot	be prior to da	te of filing or m	ore than 90 days	ptional) alter filing.) I	ursuant	to 605,02
vie: If the date inserted in this block cument's effective date on the Depar	does not meet the	e applicable	statutory tiling	g requirements	, this date w	ill not b	oe listed
·							
ecord specifies a delayed effective da is filed.	te, but not an effe	ective time,	at 12:01 a.m. c	on the earlier o	f. (b) The	90th da	y after tl
ted AUGUST 23		3 .					
(5/ 6:11 5)							
/S/ Silke Prelog	nature of a member						