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| Special Instructions to F | Filing Officer: | |
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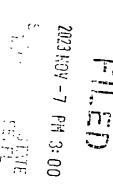
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DIVISION OF CONTRACTOR TO TALLAHAS SEE, FLORIDA

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COVER LETTER

| TO: Registration Section Division of Corpor | | | |
|---|--|---|--|
| SUBJECT: | Vibe Media 1 | Live LLC Liability Company | |
| The enclosed Articles of Ame | endment and fee(s) are submitt | ted for filing. | |
| Please return all corresponde | nce concerning this matter to t | he following: | |
| | Maro | Name of Person | |
| | Vibe | Midra Live, LL | 1 |
| | 4455 Baymea | dows, Suite 102 | |
| | JACKSONVI MANDENDER OF THE PROPERTY OF THE PR | THE FL 32217 City/State and Zip Code ONTO: VIDEMEDIA [1] e used for future annual report notificat | ve Dannilicon |
| For further information conce | erning this matter, please call: | , | • |
| Name of Per | Aaron Bing | | 792 lephone Number |
| Enclosed is a check for the fo | ollowing amount: | | |
| □ \$25.00 Filing Fee □ | □ \$30.00 Filing Fee & Certificate of Status | | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |

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

FILED iability Company as it now appears on our records The Articles of Organization for this Limited Liability Company were filed on Florida document number <u>\$L23000371463</u>. 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 Liability Company," the designation "LLC" or the abbreviation "LLC." 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|------------------|------------------------|--------------------|
| MGR | Shannon Moirison | 1731 River Road | □Add |
| | | Jacksonville, Fl 32207 | Remove |
| | | | |
| MGR | Chenghsin Chang | | Add |
| | | 6 | □Remove |
| | | JACKSONVIllE, FL 32217 | i+€ 102 □Change |
| | | Jacksonville, FL 32217 |) □Add |
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| fectiv | ve date, if other than the date of filing: Nov. 7, 2023 (optional) |
| n effe | etive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 |
| | If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records. |
| | |
| | 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 |
| is tīle | |
| | 11/7/23 |
| ited _ | |
| | |
| | Signature of a member of authorized representative of a member |
| | Typed or printed name of signee |
| | 710401 1 1100 |