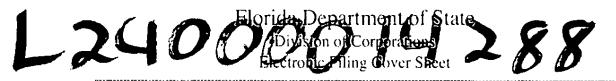
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442



**Egter the email address for this business entity to be used for future

Email	Address:	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AFIKOMANTOO LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
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Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AfikomanToo LLC				
(Name of the Lim	ted Liability Comp (A Florida Limited	any as it now appears of Liability Company)	our records.)	
The Articles of Organization for this Limited I	y were filed on 01-11	vere filed on 01-11-2024		
Florida document number 1.24000014288	·			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liab	bility company here:		
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the desig	nation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:			
(Principal office address MUST BE A STREA	ET ADDRESS)			<u>;</u>
				75 F -
Enter new mailing address, if applicable:		16815 Von Karman	Ave Suite 190	EB 19
(Mailing address MAY BE A POST OFFICE	BOX)	Irvine, CA 92606		SSS F
				مِ الله
		***		平 5
B. If amending the registered agent and/or		address on our reco	rds, <u>enter the n</u>	ame of the new registere
agent and/or the new registered office addre	ess here:			
Name of New Registered Agent:	eResidentAger	nt. Inc.		
New Registered Office Address:	115 N Calhour	n St Suite 4		
*		Enter Florida	areet address	
	Tallahassee		Florida	32301
		Cin	,	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>	Address	Type of Action
MGR	This is M, LLC	16815 Von Karman Ave Suite 190	□Add
		Irvine, CA 92606	□Remove
			■Change
MGR	Wide Eyed Entertainment, LLC	16815 Von Karman Ave Suite 190	□Add
		lrvine, CA 92606	□Remove
			■Change
		<u> </u>	□Add
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			□Change
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		***************************************	□Add
			Remove
			□Change

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