1240000 70564

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone	· #)
PICK-UP	MAIT	MAIL
(Bus	siness Entity Nam	ne)
(530	mood Emily Hon	,0,
	cument Number)	
1001)	zument (vumber)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	

Office Use Only



400418434304

04/11/24--01001--020 **25.00

024 APR 11 PN 2:36
SECRETARY OF STATE
FALL MISSIEF FLORIDA

1. HUNT 04/1/124 DocuSign Envelope ID: 9A7931D5-A82F-4087-A28E-FF2B4A49616C

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sysgrow Entertainment, LLC	
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L24000070564}{L24000070564}$.	were filed on February 9, 2024 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
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)	
	71
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of the new reg</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida City Zip Code
	City 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

DocuSign Envelope ID: 9A793105-A82F-4087-A28E-FF284A49616C
II amenuing Authorized rerson(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	Madalyne Barlow-Lee	1221 Brickell Avenue, Suite 900	■Add
		Miami, FL 33131	□Remove
			□Change
			□ Add
			□Remove
			□Add
			☐ Remove
			□Add
			Remove
			□ Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change

Page 2 of 3

		·				
					.	
						
	 .					
						<u>سي</u>
					-	2
-					• ;	Ç.
	·				· · ·	_
		_			·.·	<u></u>
						37
						
		 				
ective date, if other than n effective date is listed, the date te: If the date inserted in the cument's effective date on the	is block does not	meet the applica	o date of filing or ble statutory file	more than 90 day ng requiremen	(optional) rs after filing.) Pr ts, this date wi	irsuant to 605.02 Il not be listed :
record specifies a dela he 90th day after the	yed effective record is filed	date, but not	an effective	time, at 12	:01 a.m. on	the earlier
April 11		2024				
<u> </u>						
M.		member or author				

Page 3 of 3