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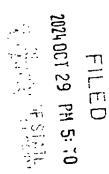
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COVER LETTER

TO: Registration Sec Division of Corp			
suвјест: <u>Ве</u> Бе	House Static Name of Lim)S UC ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	DARell Jo	Name of Person	
	Petrel Hou	SC Studios LUC Firm/Company	<u>-</u>
	320 nort	th magnotia Aunul	
	Onando s	City/State and Zip Code	
	Rebellogement E-mail address:	SICSTUMINGSMAN	L.COM
For further information co	ncerning this matter, please ca	all:	
DARQII Sor	Person	at (<u>407</u>) <u>973 - (</u> Area Code Daytimo	e Telephone Number
Enclosed is a check for the	following amount:		
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 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

ARTICLES OF	ORGANIZATION	FII ~
	OF	2024 DCx LED
(Name of the Limited Liability Comp (A Florida Limited	hany as it now appears on our Liability Company)	2024 _{OCT} 29 PM 5: 00
The Articles of Organization for this Limited Liability Compan	y were filed on $\bigcirc\bigcirc\bigcirc$	14/2024 and assigned
Florida document number <u>L2400080143</u> .	,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation	on "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)		
		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records,	enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
new registered office Address.	Enter Florida stree	t address
		, Florida
	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 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>	Name	Address	Type of Action
MGR_	Derell Jones_	1298 wispy Cypress Drive	🗹 Add
	·	1298 wispy Cypress Drive Kissimmer FL 34746	□Remove
		.	Change
			□Adđ
			□Remove
			□ Change
	· · · · · · · · · · · · · · · · · · ·		□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
		 	□Remove
			Change

II am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
(If an et <u>Note:</u>	tive date, if other than the date of filing:
e reco rd is f	rd 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 iled.
Dated	() lo MA
	Signature of a member or authorized representative of a member
	Typed or offined name of signed

Filing Fee: \$25.00