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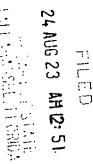
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COVER LETTER

TO: Registration Division of	section Corporations	
SUBJECT: 5/	HOW AND DISPLAY LLO	۷
30m2ct		imited Liability Company
The enclosed Articles	of Amendment and fee(s) are su	abmitted for filing.
Please return all corre	spondence concerning this matte	er to the following:
	MATTH	HEW J. PENTALERI
		Name of Person
	SHOU	AND DISPLAY LLC
		Firm/Company
	406	6 McG:1ts Bird
		Address
	TA.	icksonville FL 32210
		City/State and Zip Code
		ATTHEW @ SHOW AND DISPLAY. COM
		(to be used for future annual report notification)
For further information	n concerning this matter, please of	call:
MATTH	EU J. PENTAKAÍ	at (904) 775-9456
Name	e of Person	Area Code Daytime Telephone Number
Enclosed is a check for	the following amount:	
\$25.00 Filing Fee ■ See See See See See See See See Se	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations 327	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

SHOW AND DISPLAY LLC	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Con	v appears on our records.) npany)
The Articles of Organization for this Limited Liability Company were filed	I on 18 JUNE 2024 and assigned
Florida document number L 24@@ 276826	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	any here:
The new name must be distinguishable and contain the words "Limited Liability Company	y," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	24
	AC AC
Enter new mailing address, if applicable:	23
(Mailing address MAY BE A POST OFFICE BOX)	- 14 S
	51
B. If amending the registered agent and/or registered office address on agent and/or the new registered office address here:	our records, enter the name of the new registere
Name of New Registered Agent:	
New Registered Office Address:	ter Florida street 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

Title	<u>Name</u>	Address	Type of Action
MGR	MATTHEW PENTAURE	4066 Mc6:1ts Blud	
		JACK sonville FL	□Remove
		327(0	□Change
AMBR MICHAEL PENTALGRE	4066 McGilts Bluil.	(⊠Add	
	SACKSOAVIILE FL	□Remove	
	32210	□Change	
			□Add
			□Remove
			□ Change
			□Remove
			□Change
			□Remove
			□ Change
			
			□ Remove
			[]Change

If an ef <u>Note:</u>	tive date, if other than the date of filing:
e reco	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.
rd is f	
rd is fi	Aug 9, 2024
rd is f	
rd is fi	Signature of a member or authorized representative of a member