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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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COVER LETTER

| | gistration Serision of Cor | | | • | |
|---------------|-----------------------------|---|---|---|--|
| SUBJECT: | NOVA CIN | IEMA PICTURES LLC | | | |
| SUBJECT. | | Name of Lim | ited Liability Company | | |
| The enclosed | d Articles of a | Amendment and fee(s) are sub | mitted for filing. | | |
| Please returr | all correspon | ndence concerning this matter | to the following: | | |
| | | PINA YAĐONISI | | | |
| | | | Name of Person | | |
| | | CASYA BUSINESS SOL | USINESS SOLUTIONS CORP | | |
| | | Firm/Company | | | |
| | 15800 PINES BLVD SUITE 3057 | | | | |
| | | 1479 - | Address | | |
| | | PEMBROKE PINES, FL. | 33027 | | |
| | | | City/State and Zip Code | | |
| | | CASYABUSINESS@YAF | | | |
| | | E-mail address: (| to be used for future annual report noti- | fication) | |
| For further i | nformation co | oncerning this matter, please co | all: | | |
| PINA YAD | ONISI | | 954 8052664 | | |
| | Name of | Person | at () Area Code Daytim | e Telephone Number | |
| Enclosed is | a check for th | e following amount: | | | |
| ■ \$25.00 l | Filing Fee | S30.00 Filing Fee & Certificate of Status | ☐ \$55.00 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 OF

| NOVA CINEMA PICTURES LLC | | |
|---|--|---------------------|
| (Name of the Limited (A | Liability Company as it now appears on our records.) Florida Limited Liability Company) | |
| The Articles of Organization for this Limited Liab Florida document number L24000313494 | | and assigned |
| This amendment is submitted to amend the follow | · | 2024 |
| A. If amending name, <u>enter the new name of th</u> | | 2024 71:3 - |
| The new name must be distinguishable and contain the word | Is "Limited Liability Company," the designation "LLC" or the ab | |
| Enter new principal offices address, if applicab | le: | <u> </u> |
| (Principal office address MUST BE A STREET) | | |
| Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BO | <u></u> | |
| Muning duaress in A F DE A F OST OFFICE BE | | |
| B. If amending the registered agent and/or registered affice address by agent and/or the new registered office address by | istered office address on our records, <u>enter the nam</u> here: | ne of the new regis |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | , Florida | |
| | , Florida | 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> | <u>Name</u> | Address | Type of Action |
|--------------|---------------------------|-------------------|----------------|
| MGR | MARIA L. PALACIO ESCARRIA | 6376 S. ELM LANE | ⊒Add |
| | | LANTANA, FL 33462 | □Remove |
| | | | _ = Change |
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| fective date, if other than the date of filing: 07/15/2024 (optional) | - | | | | | - |
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Filing Fee: \$25.00