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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081

Phone : (307)200-2803

Fax Number : (813)436-5206

**Enter the email address for this business entity to be used for future annual report mailings. Forter only care

F:1	Address:			

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MEGA STUDIO AND LOUNGE LLC	

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2025 MAY -5 PM 12: 43

MEGA STUDIO AND LOUNGE LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) TALLAHASSEE, FLORIDA The Articles of Organization for this Limited Liability Company were filed on 04/09/2025 _____ and assigned Florida document number L25000170121 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 333 E Bay St. Enter new principal offices address, if applicable: Suite 109 (Principal office address MUST BE A STREET ADDRESS) Jacksonville Fl. 32202 Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address __. Florida ____ Cirv

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.

May 05, 2025 10:03 To: ~18506176383 Page: 3/4 Fax: 18134365206

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
AMBR	Lewis, Mikhelle	7901 4TH ST N STE 300	≣Add
		ST. PETERSBURG, FL 33702	□Remove
			□Change
AMBR	J.M. Lewis Ventures, LLC	7901 4TH ST N STE 300	≣ Add
		ST. PETERSBURG, FL 33702	□Remove
			□Add
			□Remove
			□Change
		······································	
			Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

y 05, 2005 10.03	To: -18506176383	Page: 4/4	Fax: 181343652
D. If amending any	other information, enter change(s) here:	(Attach additional sheets, if necessary.)	
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		FLORIDA	_O
Note: If the date in	other than the date of filing: sted, the date must be specific and cannot be prior to serted in this block does not meet the applicab re date on the Department of State's records.	(optional) date of filing or more than 90 days after filing.) Pursuant to le statutory filing requirements, this date will not be	605.0207 (3)(b) listed as the
record is filed.		e, at 12:01 a.m. on the earlier of: (b) The 90th day a	ifter the
Dated May 5th	2025	.•	
Re	bin Tones	zed representative of a member	
	Signature of a member or authori	zed representative of a member	

Filing Fee: \$25.00

Typed or printed name of signee

Robin Jones