M22000012393

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| J DENNIS |
| JUL 1 4 2023 |
| |

Office Use Only



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2023 JUL 13 AH 8: 36

RECEIVED

SECRETARY OF SACE

COVER LETTER

| Divis | sion of Corporations | | | |
|------------------------|--|-----------------------------------|--------------------------------|---|
| SUBJECT: | Avantage Technology LLC | | | |
| DOBOECT. | Name of Foreig | n Limited Liab | ility Con | npany |
| Dear Sir or N | Aadam: | | | |
| The enclosed | l application, certificate and fee(s) | are submitted t | for filing. | |
| Please return | all correspondence concerning th | is matter to the | followin | g: |
| Sharon Urban | | | | |
| | Name of Person | | - | |
| Harbor Compl | iance | | | |
| _ | Firm/Company | | - | |
| 1830 Colonial | Village Lane | | _ | |
| | Address | | | |
| Lancaster, PA | 17601 | | _ | |
| · · · · · · - | City/State and Zip Code | e | | |
| _ | orcompliance.com | | | |
| E-mail add | dress: (to be used for future annual | report notifica | tion) | |
| For further in | iformation concerning this matter, | please call: | | |
| Sharon Urban | | 717 at (| 229-03 | 87 |
| | Name of Person | Area Code | & Dayti | me Telephone Number |
| Regi: Divi: P.O. | ng Address: stration Section sion of Corporations Box 6327 thassee, FL 32314 | | Division The Cer 2415 N. | Idress: ation Section of Corporations atre of Tallahassee Monroe Street, Suite 810 ssee, FL 32303 |
| Encl ■\$25 Filing | osed is a check for the following Fee S30 Filing Fee & Certificate of Status | amount: ☐ \$55 Filing Certified C | | ☐ \$60 Filing Fee. Certificate of Status & Certified Copy |

TO: Registration Section

SECRETARY OF STATE

'APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

| Name of limited liability Company as it apposits State: Avantage Technology LLC | ears on the records of the Florida E | Department of |
|--|---|--|
| Enter new principal office address, if applicable | »: | |
| (<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>) | | 2023 JUL |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | 3 AH 6: 36 |
| 2. The Florida document number of this limited | | ** |
| 3. Jurisdiction of its organization: Delaware | | |
| 4. Date authorized to do business in Florida: $\frac{0}{2}$ | 8/04/2022 | |
| SECTION II (5-9 complete only the applicab 5. New name of the limited liability company: (m) | • • | npany, " "L.L.C.," or "LLC.") |
| (If name unavailable, enter alternate name adop copy of the written consent of the managers or r must contain "Limited Liability Company," "L. | managing members adopting the al | |
| 6. If amending the registered agent and/or regist registered agent and/or the new registered office | | s, enter the name of the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florido | a Street Address |
| _ | City | , Florida Zip Code |
| New Registered Agent's Signature, if changing I hereby accept the appointment as registered a the provisions of all statutes relative to the propand accept the obligations of my position as reg document is being filed to merely reflect a chan liability company has been notified in writing of | Registered Agent: gent and agree to act in this capac per and complete performance of m gistered agent as provided for in Ci ge in the registered office address, | ity. I further agree to comply with by duties, and I am familiar with hapter 605, F.S. Or. if this |
| | f Changing Registered Agent, Sign | ature of New Registered Agent |

| ir the amendment | changes person, title of capacity in | accordance with 605.0902 (1)(e), indicate tha | t cnange: |
|------------------|--|---|----------------|
| tle/ Capacity | Name | Address | Type of Action |
| | | | □Add |
| | | | □Remo |
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| aforementioned a | ficate, if required: no more than 90 mendment(s), duly authenticated by the law of which this entity is orga | y the official having custody of records in the | □Remo e |

Filing Fee: \$25.00

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "AVANTAGE TECHNOLOGY, LLC", CHANGING ITS NAME FROM "AVANTAGE TECHNOLOGY, LLC" TO "AVANTAGE PRODUCTIONS, LLC", FILED IN THIS OFFICE ON THE NINETEENTH DAY OF MAY, A.D. 2023, AT 4:27 O'CLOCK P.M.



Authentication: 203730360 Date: 07-12-23

STATE OF DELAWARE CERTIFICATE OF AMENDMENT

| Name of Emilied En | ability Company: | Avantage | Technology, | PPC |
|-----------------------|---------------------------|----------------|-------------------|-------------|
| The Certificate of Fo | ormation of the lim | ited liability | company is hereb | oy amen |
| as follows: | | | | |
| The name of th | e Limited Lia | ability C | ompany is A | vantag |
| Productions, I | | , | • • | _ |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| IN WITNESS WHE | CREOF, the unders | igned have e | xecuted this Cert | ificate o |
| IN WITNESS WHE | | igned have e | | |
| | CREOF, the unders | igned have e | xecuted this Cert | |
| | day of May | | , A.D. <u>2</u> | |
| IN WITNESS WHE | day of May | o David G | , A.D. <u>2</u> | 2023 . |
| | day of <u>May</u> By:_ | o David G | A.D. 2 | 2023 |