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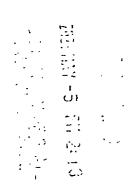
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## **COVER LETTER**

LLM Exhi	bits, LLC	,	s.	
SUBJECT:	Name of Lin	nited Liability Company	·	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Francis Hannon, Esq.			
	_	Name of Person		
	DeWitt Law Firm, P.A.		~	
	<del></del>	Firm/Company		
	607 W. Bay St.			
		Address	U1	
	Tampa, FL 33606		- 1 1 1 1 1 1 1 1.	
	<del></del>	City/State and Zip Code		
	francis@dewittlaw.com		-	
For further information c	oncerning this matter, please c	to be used for future annual report notif	ication)	
Francis Hannon	produce v	813 251-2701		
	f Person	at ( )	: Telephone Number	
ivaine o	reison	Area Code Daytime	r relephone Number	
Enclosed is a check for th	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 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 Addres	<u>s:</u>	<u>Street Address:</u>		
Registration S Division of C		Registration Sec		
P.O. Box 632		Division of Соп The Centre of Ta		
Tallahassee, F	FL 32314	2415 N. Monroe Tallahassee, FL	Street, Suite 810 32303	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LLM Exhibits, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 7/28/20 \_\_\_\_\_ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Local Exhibits, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 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

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

\_, Florida \_

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
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			□ Remove
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Effective date, if other than the If an effective date is listed, the date mus	t be specific and ca	nnot be prior to	date of filing o	r more than 90	(optiona days after filin	<b>l)</b> g.) Pursuant	to 605.020
<u>Note:</u> If the date inserted in this bl-document's effective date on the Do	ock does not mee	t the applicab	le statutory f	lling requirem	ents. this dat	te will not b	e listed a
e record specifies a delayed effectiv rd is filed.	e date, but not an	effective time	e, at 12:01 a.i	n, on the earli	er of: (b) T	The 90th da	y after the
19th of April		2021					
Dated							