

L18000048451

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : CORP USA
Account Number : 072450003255
Phone : (305)634-3694
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
2MAC MUZIK LLC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

18 FEB 27 AM 11:41

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K. SALY
FEB 28 2018

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 2MAC MUZIK LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MALCOLM SAWYER
Name of Person
2MAC MUZIK LLC
Firm/Company
5150 PINETREE DR
Address
MIAMI BEACH, FL 33140
City/State and Zip Code
info@aaronhill.tv
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jorge Ruiz at (**954**) **318-7460**
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
266 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2MAC MUZIK 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 02/22/16 and assigned
Florida document number 118000048451

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 "L.L.C."

Enter new principal office 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:

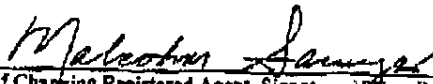
MALCOLM SAWYER

New Registered Office Address:

Enter 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 Changing Registered Agent, Signatures of New Registered Agent

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	Name	Address	Type of Action
MGR	MALCOM SAWYER	5150 pine tree DR	<input type="checkbox"/> Add
		Miami Beach, FL 33140	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MALCOLM SAWYER	5150 pine tree DR	<input checked="" type="checkbox"/> Add
		Miami Beach, FL 33140	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated February 27, 2018.

Malcolm Sawyer
Signature of a member or authorized representative of a member

MALCOLM SAWYER
Typed or printed name of signee