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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NELSEN MUSIC ENTERTAIMENT LLC

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COVER LETTER

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CHRICCE.	NELSEN N	MUSIC ENTERTAIMENT LL	C	
SUBJECT:	<u> </u>	Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·
The males of	NELSEN MUSIC ENTERTAIMENT LLC ECT:			
	•		_	
	n all correspo	ondence concerning this matter	to the following:	
† 3 †	- 15 - 15	LOVETTE DOBSON		
			Name of Person	
			Firm/Company	
		17350 STATE HWY 249	STE 220	
			Address	
		HOUSTON, TX 77064		
		-	City/State and Zip Code	
	41.2			
-	• •	E-mail address: (to be used for future annual report notific	cation)
For further is	nformation c	oncerning this matter, please of	all;	
LOVETTE	DØBSON			
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is	a check for ti	ne following amount:		
■ \$25.00 I	Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Re	gistration S	Section	Registration Sect	
Di	vision of C	orporations		
	J. Box 632 Hahassee, I			Street, Suite 810

Tallahassee, FL 32303

6/20/2024 14:09:21 CDT

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NELSEN N	MUSIC ENTERTAIMENT LLC
(Name of the Limited Liabilit	y Company as it now appears on our records.) Limited Liability Company)
FIF	Elimita Idability Company)
The Articles of Organization for this Limited Liability Co	ompany were filed on 02/15/2024 and assigned
Florida document number L24000081927	 `
This amendment is submitted to amend the following:	
$\stackrel{\mathrm{def}}{\mathrm{AC}}$ If amending name, <u>enter the new name of the limi</u>	ted liability company here:
NELSEN MUSIC ENTERTAINMENT LLC	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR	ESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the name of the new registre
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida = F
	City Fri Zip Gode
New Registered Agent's Signature, if changing Registered	l 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, Signature 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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s filed.						
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	Signature of a member	on Mu	que Aluq epresentative of a	member	omino	

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