## L06000 (8) 052

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## **COVER LETTER**

	egistration Sec livision of Corp			
	-	IMPACT MUSIC, LLC		
SUBJECT	r:	Name of Limit	ed Liability Company	<del></del>
The enclos	sed Articles of A	amendment and fee(s) are subn	nitted for filing.	
Please retu	urn all correspor	dence concerning this matter to	o the following:	
		ROBERT D MITCHUM		
			Name of Person	
		CREATIVE IMPACT MU	SIC, LLC	
			Firm/Company	
		302 HAMON AVENUE		
			Address	
		SANTA ROSA BEACH, F	L 32459	
			City/State and Zip Code	
		DEANMITCHUM@MAC.		oiContion)
For furthe	er information c	E-mail address: (I oncerning this matter, please ca	o be used for future annual report no all:	direation)
ROBER'	T D MITCHUM		850 225-1859	
	Name o	f Person		me Telephone Number
Enclosed	l is a check for th	ne following amount:		
<b>\$25</b> .	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 Addre Registration Division of O	Section	Street Address: Registration S Division of C	Section forporations
	P.O. Box 633 Tallahassee,		The Centre of 2415 N. Mon	f Tallahassee roe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CREATIVE IMPACT MUSIC, LLC			
(Name of the Limited Liability (A Florida L	Company as it now appears on our imited Liability Company)	r records.)	
The Articles of Organization for this Limited Liability Co.	mpany were filed on AUGUST	16,2006	and assigned
Florida document number L06000081052	<u>-</u> .		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company here:		
MOVEMENT WRITERS MUSIC, LLC			
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation	on "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	<u> </u>		HA TO
		·	7,26
Enter new mailing address, if applicable:		<u> </u>	1
(Mailing address MAY BE A POST OFFICE BOX)			٠ جـ ــــــــــــــــــــــــــــــــــ
			5
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records	s, <u>enter the name</u>	of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida stre	eet address	<del> </del>
		, Florida	
	Ciŋ·	, FIVITUA	Zip Code
New Registered Agent's Signature, if changing Registered	d 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>	<u>Address</u>	Type of Action
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			□Remove
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t an ettecti Note: If t	ve date is lister he date inser	er than the d, the date mus ted in this bl date on the Do	t be specific at ock does not	na cannot be     meet the ap	phor to date o plicable stat	i filing or more	han 90 days af	tional) ter filing.) Pursu his date will n	ant to 605.020° ot be listed as
record sp d is filed.		ayed effectiv	e date, but n	ot an effecti	ve time, at 1	2:01 a.m. on t	he earlier of:	(b) The 90th	day after the
Dated M	ARCH 23.	Olxe	00.	. 2020 A					
		1 -0	Signature of	a member or	authorized re	presentative of	nember		
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