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Office Use Only



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COVER LETTER

	Registration So Division of Cor					
OLID IE		N MUSIC AND ENTERTAINM	MENT LLC			
SUBJEC	-1: <u></u>	Name of Limit	ted Liability Company	·		
The encl	osed Articles of	Amendment and fee(s) are subn	nitted for filing.			
Please re	turn all correspo	ondence concerning this matter to	o the following:			
		GARY COLEMAN				
			Name of Person			
COLEMAN MUSIC AND ENTERTAINMENT LLC						
		1015 HAINES STREET				
		Address				
		JACKSONVILLE, FL 3220	06			
		City/State and Zip Code				
		shaas@colemanmusicanden				
		E-mail address: (to	o be used for future annual report notific	ation)		
For furth	er information e	concerning this matter, please ca	11:			
SUSAN	HAAS		904 598-8477 at ()			
	Name o	of Person	at ()	Telephone Number		
Enclosed	d is a check for t	he 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
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COLEMAN MUSIC AND ENTERTAI		
(Name of the Limited L (A F	iability Company as it now appears on a londa Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Florida document number L07000123695		007 and assigned
This amendment is submitted to amend the following	ng:	
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	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable		
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	x) ————	
	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent: New Registered Office Address:	registered office address on our address here: Enter Florida si	
		, Florida
_	City	Zip Code
New Registered Agent's Signature, if changing Regis		with I finisher Towns To another with
I hereby accept the appointment as registered as provisions of all statutes relative to the proper a accept the obligations of my position as registere being filed to merely reflect a change in the registern company has been notified in writing of this chain	nd complete performance of my o ed agent as provided for in Chap stered office address, I hereby co	duties, and I am familiar with and over 605, F.S. Or If this document is

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
MGR	GARY B. COLEMAN, SR.	2016 WATERWAY ISLAND LAN	Add
		JACKSONVILLE BEACH, FL 32.	■ Remove
			Change
			Add
			☐ Remove
			Change
			Add
			Remove
			Change
			☐ Remove
			Change
			Add
			Remove
			in In
		FLORIDA	Remove
		P	☐ Change

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ctive date, if other than the date	e of filing: 8/01/16 specific and cannot be prior to date of filing or more	(optional)
e: If the date inserted in this block d	loes not meet the applicable statutory filing re	equirements, this date will not be list
ument's effective date on the Depart	ment of State's records.	
	fective date, but not an effective tim	e, at 12:01 a.m. on the earli
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ne 90th day after the record ed AUGUST 23		AND

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Filing Fee: \$25.00