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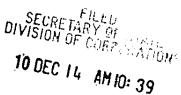
TO: Registration Sect Division of Corpo		e de la companya de l	•		
SUBJECT:	JusMusic	RecordingGroup			
SOBJECT.		ited Liability Company			
The enclosed Articles of A	mendment and fee(s) are sul	bmitted for filing.			
Please return all correspond	dence concerning this matter	r to the following:			
		Patrick Gelin			
		Name of Person			
	-	sMusicRecordingGroup Firm/Company			
		3311 jackson blvd			
		Address			
		Ft.lauderdale 、ゴ)	33312		
		Ft.lauderdale , 1) City/State and Zip Code			
JusMusicRecordingGroup@gmail.com E-mail address: (to be used for future annual report notification)					
	E-mail address: (to be used for future annual report n	otification)		
For further information con	ncerning this matter, please of	call:			
Eve	rton Smith	at (954)	770-6148		
Name of I	Person	Area Code & Day	time 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 enclo	\$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



			- 03		
JusM	<u>usicRecordingGroup</u>	"LLG"			
(Name of the Limited Liab	ility Company as it now appea da Limited Liability Company)	rs on our records.)			
(A Flori	da Limited Liability Company)				
The Autistic of Committee Constitution for the Limited Linkille	C Glad on	iuly 22 2010	and assigned		
The Articles of Organization for this Limited Liabilit		July,22 2010	and assigned		
Florida document number L10000076983	<u> </u>				
This amendment is submitted to amend the following	y•				
A. If amending name, enter the new name of the	limited liability company he	<u>re</u> :			
The new name must be distinguishable and end with the	words "Limited Liability Comp	any," the designation "L	LC" or the abbreviation		
"L.L.C."					
Enter new principal offices address, if applicable:					
• •	nneco)				
(Principal office address MUST BE A STREET AD	<u>DUKESS)</u>				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>				
Training data ess MAT BE AT OST OFFICE DOA					
B. If amending the registered agent and/or re registered agent and/or the new registered office a		our records, <u>enter ti</u>	ne name of the new		
registered agent and/or the new registered office a	idaress nere:				
Name of New Registered Agent:					
New Bestered Office Address					
New Registered Office Address:	New Registered Office Address: Enter Florida street address				
	Li.	no, 1 10/144 Street 444/	V		
one constraint of the constrai		, 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Title** Name <u>Address</u> **Type of Action MGRM** rickford nicholas alexander 811 wyoming ave ✓ Add Remove Ft.iauderdale fl 33312 Remove ☐ Add Remove ☐ Add Remove Add ___Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) December 6 2010 Signature of amember of authorized representative of a member Rickford Nicholas Alexander Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00