## L10000077907

(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
(enjiotate/2.jp/i florid ii)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special instructions to Filing Officer:					
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L. SELLERS					
AUG <b>2 5</b> , 2010					
EXAMINER					

Office Use Only



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SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Division of C						
SUBJECT:	BMAJOR	MUSIC GROUP				
	Name of Lim	ited Liability Company				
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.				
Please return all corres	pondence concerning this matter	to the following:				
		Name of Person				
		Firm/Company				
12535 STONEWAY COURT						
		Address				
		DAVIE, FL 33330 City/State and Zip Code				
	SWA( E-mail address: (	GGAENT1@GMAIL.C to be used for future annual repo	OM ort notification)			
For further information	n concerning this matter, please	cali:				
	ANT MCKINNIE	at ( 305 )	967-0461			
Name	e of Person	Area Code &	Daytime Telephone Number			
Enclosed is a check for	r the following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is er	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
	ILING ADDRESS:		COURIER ADDRESS:			
Divis	stration Section sion of Corporations Box 6327	Registration Section Division of Corporations Clifton Building				

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BI	MAJOR MUS	SIC GROUP			
(Name of the Limited (A	Liability Compar Florida Limited L	y as it now appearability Company)	ars on our records.)		
The Articles of Organization for this Limited Liability Company were filed onJULY 26, 2010 and as:					
Florida document numberL10000077	907				
This amendment is submitted to amend the follo	owing:				
A. If amending name, enter the new name of	the limited liabi	lity company he	ere:		
The new name must be distinguishable and end wit "L.L.C."	h the words "Limit	ed Liability Comp	pany," the designation	ı "LLC" or th	e abbreviation
Enter new principal offices address, if applic	12535 STO	NEWAY COURT	-		
(Principal office address MUST BE A STREET ADDRESS)		DAVIE, FL 3	3330		
P. 4					
Enter new mailing address, if applicable: <i>(Mailing address MAY B<u>E A</u> POST <u>O</u>FFICE 1</i>	ROY)				
1114 MILES   1111   111	<u> </u>				
B. If amending the registered agent and/oregistered agent and/or the new registered of			our records, ente	r the name	of the new
Name of New Registered Agent:	BRYANT MO	CKINNIE		SECI TALLI	>
New Registered Office Address:	12535 STON	2535 STONEWAY COURT		4	
			nter Florida street a		200
		DAVIE City	, Florida	FOR 333	de O
New Registered Agent's Signature, if changing R	Registered Agent:	•		AIE AIE A	i )
					1

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

Page 1 of 2

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 = Wanager MGRM = Managing Member

<u>Title</u>	<u>Name</u>		Address	Type of Action
MGRM	SHANNON	LAWRENCE	199 E FLAGER ST #715 MIAMI, FL 33131	Add ☑ Remove
				Add Remove
				Add Remove
<del> </del>				Add Remove
				Add Remove
				Add Remove
D. If amend	ing any other inf	Formation, enter change(s	) here: (Attach additional sheets, if necessary.)	<del>-</del>
	0047			
Dated	08/17	2010 yat	D. Mckil	
		Signature of a member or	authorized representative of a member	
			printed name of signee	

Page 2 of 2

Filing Fee: \$25.00