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SECRETARY OF STATE
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## \* COVER LETTER \*

TO: Registration Section Division of Corporations	
SUBJECT: 65 Music Media Marketing + Mana Name of Limited Liability Company	ryement LLC.
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Soseph Wiggins I  Name of Person  Name of Person  Name of Person  Name of Person  Firm/Company  Firm/Company  Sirte  13/0/ Memoria / Huy. # 207  Address  Miami, F/. 33/6/  City/State and Zip Code  Wigginsinca hotmail. Com  Se-mail address: (to be used for future annual report notific	
For further information concerning this matter, please call:	
Name of Person at (305) 308 - 9	88 9 Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee & S30.00 Filing Fee & Certificate of Status Certificate Of Status (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

(Name of the Limited Lia) (Name of the Limited Lia)	Mar Ke-fi'ng bility Company rida Limited Lia	' as it now appear	s on our records.)	) - -		
The Articles of Organization for this Limited Liabil Florida document number L11000025480		rere filed on 3	101/2011	a	and ass	igned
This amendment is submitted to amend the following	ıg:					
A. If amending name, <u>enter the new name of the</u>	limited liabili	ty company her	<u>2</u> :			
The new name must be distinguishable and end with the "L.L.C."	e words "Limited	l Liability Compa	ny," the designation	"LLC"	or the a	bbreviation
Enter new principal offices address, if applicable	:					
(Principal office address MUST BE A STREET A)	DDRESS)					
	-					
Enter new mailing address, if applicable:	-					<del></del>
(Mailing address MAY BE A POST OFFICE BOX	<u>Q</u> .					
B. If amending the registered agent and/or registered agent and/or the new registered office	egistered offic address here:	e address on o	ur records, <u>ente</u>	the na	12	f the new
Name of New Registered Agent:				Em EM	AN 2	
New Registered Office Address:				SSE	ω.	1
,		Ent	er Florida street a , Florida	dares S	¥ 12: 4	O
	(	City		62ip	Gode	

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 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

<u>Title</u>	<u>Name</u>	Address Suite	Type of Action
MGRM	Lennie Tigner	13101 Memorial Huy. # 207 Miami, Fl. 3316	Add Remove
MGRM	Davon Person	13101 Memorial Huy.# 207 Miami, Fl. 33161	Add Remove - Please remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
	ng any other information, enter change    Company EIN# 80-07	e(s) here: (Attach additional sheets, if necessary.) U - 2215	<u> </u>
Dated _///0	/2012 201	12. 1/- M	
-	Signature of a member  Joseph W,  Typed of	or antitorized representative of a member  99,15  11  or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00