

L11000117153

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO: Clerk FEB 13 2012

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EFFECTIVE MUSIC+ENTERTAINMENT LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LATHAN WHITE SR.
Name of Person

EFFECTIVE MUSIC+ENTERTAINMENT LLC
Firm/Company

4121 NW 5 ST. #208
Address

PLANTATION, FL. 33317.
City/State and Zip Code

EFFECTIVEMUSICENT@GMAIL.COM.
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

x LATHAN WHITE at (786) 306-2589
Name of Person Area Code & Daytime 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 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**

FILED
12 FEB 10 AM 11:35

EFFECTIVE MUSIC & ENTERTAINMENT
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 10/13/2011 and assigned
Florida document number L11000117153.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4121 NW 5 St. #208
PLANTATION, FL. 33317

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

4121 NW 5 St. #208

Enter Florida street address

PLANTATION, Florida 33317
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

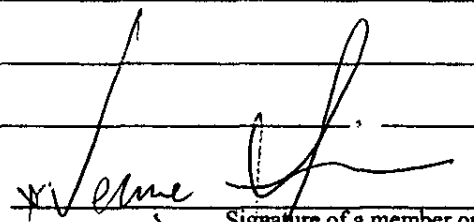
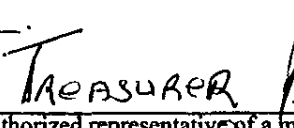
MGRM = Managing Member

Title	Name	Address	Type of Action
V.P.	VENICE FRANCIS	8812 West Long Acre Dr. MIAMI 33025	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Treasurer	PERRY White	90 Content Dr. GREENDALE, SPANISH - TOWN'S AMERICA	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)


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RECORDS OF STATE
TALLAHASSEE, FLORIDA

Dated

V.P.  Treasurer 
Signature of a member or authorized representative of a member
VENICE FRANCIS PERRY White
Typed or printed name of signer

Page 2 of 2

Filing Fee: \$25.00


Authorized member sign.

LATHAR White
Name of Signer