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SEP 15 2014
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **HUSH HUSH MUSIC GROUP, 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:

Benjamin J. Davis

Name of Person

Hush Hush Music Group, LLC

Firm/Company

PO Box 110111

Address

Bradenton, FL 34211

City/State and Zip Code

benjamindavis1@outlook.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Benjamin J. Davis

Name of Person

at **347 385-8444**

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

HUSH HUSH MUSIC GROUP, LLC

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Benjamin J. Davis	14809 Secret Harbor Place	<input checked="" type="checkbox"/> Add
		Bradenton, FL 34202	<input type="checkbox"/> Remove
AMBR	Vi Davis	14809 Secret Harbor Place	<input checked="" type="checkbox"/> Add
		Bradenton, FL 34202	<input type="checkbox"/> Remove
AMBR	Brian W. Davis	14809 Secret Harbor Place	<input checked="" type="checkbox"/> Add
		Bradenton, FL 34202	<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

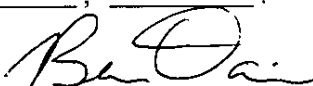
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, D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated September 5, 2014



Signature of a member or authorized representative of a member

Benjamin J. Davis

Typed or printed name of signee

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Filing Fee: \$25.00

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