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SECRETARY OF STATE
DIVISION OF CORPORATIONS

13 FEB 20 DM 2: 1.2

FEB 21 2012 T. HAMPTON

COVER LETTER

то:	Registration S Division of Co			
SUBJECT: MOTOWN MANAGEMENT LLC				
Bebeech.			ted Liability Company	
The en	closed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please	return all corresp	ondence concerning this matter	to the following:	
		CURTIS HILL Name of Person		
			Name of Person	
Firm/Company				
630 SE HIDDEN RIVER DR.				
Address				
		POF	RT ST. LUCIE, FL 34983	
			City/State and Zip Code	
		E-mail address: (to be used for future annual report n	ntification)
For fur	ther information	concerning this matter, please c	,	
	С	URTIS HILL	at (772)	475-7906
Name of Person		of Person		time Telephone Number
			·	•
Enclose	ed is a check for	the following amount:	٠.	
√ \$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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/COU Registration Sec Division of Cor Clifton Building 2661 Executive Tallahassee, FL	porations 3 Center Circle	

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECRETARY OF STATE DIVISION OF CORPORATIONS

12 FEB 20 PM 2: 43

Zip Code

MOTOWN MANAGEMENT LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 1/26/12 The Articles of Organization for this Limited Liability Company were filed on _____ ___ and assigned L12000012222 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MOTWN MANAGEMENT LLC 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) 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: Enter Florida street address , Florida _

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.

City

If Changing Registered Agent, Signature of New Registered Agent

or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member <u>Title</u> <u>Name</u> <u>Address</u> **Type of Action** ☐ Add ☐ Remove ☐ Add Remove ☐ Add Remove Remove □Add Remove $\bigcap Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member **CURTIS HILL** Typed or printed name of signee

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager

Page 2 of 2

Filing Fee: \$25.00