L12000009332

(Reque	stor's Name)	
(Addres	ss)	
(Addres	ss)	
(City/St	tate/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Busine	ess Entity Na	me)
(Docun	nent Number	,
Certified Copies	Certificate	s of Status
Special Instructions to Filir	ng Officer:	

Office Use Only



600254769576

12/30/13--01034--029 **25.00

12 OEC 30 PH 4: 33
SECRETARY OF STATE



HOL O CHANGO L

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:

FREE-WILL Custom Designs, L.L.C.

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:

Freda Mays

Name of Person

FREE-WILL Custom Designs, L.L.C.

Firm/Company

4630 South Kirkman Road Ste. 808

Address

Orlando, Florida 32811

City/State and Zip Code

freda@FREE-WILLcustomdesigns.com

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

For further information concerning this matter, please call:

Freda Mays

___407**721-933**1

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

WERD MUSIC ENTERTAINMENT GROUP, L.L.C.

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

The Articles of Organization for this Limited Liability Company were filed on 8/24/2012		and assigned		
Florida document number L12000109332				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	lity company here:			
FREE-WILL Custom Designs, L.L.C.	•			
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the designation			
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)		SS O (mm)		
		Logaria Company		
Enter new mailing address, if applicable:	4630 South Kirkman Road	हुन अ		
(Mailing address MAY BE A POST OFFICE BOX)	Suite 808			
	Orlando, Florida 32811			
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		the name of the new		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, Florida			
	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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = M	anaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
		<u> </u>	Add
			Remove
			-
			Add
		[A:	Remove
			DEC 30
		["]	
		FLORIDA	Remove
			Kelilove
			_
			Add
			_ Remove
			-
			_
			Remove
		· — · · · · · · · · · · · · · · · · · ·	_ [] Kenlove
		.	_
			Add
•			Remove

). If am	nending any other information, enter change(s) here: (Attach additional sheets, if no	ecesso	ny.)		
Dated	12/18, 2013		·		
	Signature of a member or authorized representative of a member			<u> </u>	
	Typed or printed name of signee Page 3 of 3				
	Filing Fee: \$25.00	,	SECRETARY TALLAHASSE	12 DEC 30	L vary
			OF STATE E. FLORIDA	िल १ : ३३	i de