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## **COVER LETTER**

TO: Registration Section Division of Corporations	v	
SUBJECT: Synrigy MUSIC ON Name of Limite	Coup LLC ed Liability Company	
The enclosed Articles of Amendment and fee(s) are subm	nitted for filing.	
Please return all correspondence concerning this matter to	o the following:	
Edgar	Name of Person	<del></del>
	Firm/Company	<del></del>
3901	Hana St. S.	
Saint	Patrisbu(z Fl 3) 111 City/State and Zip Code	200 SEP 13 SECRETARY FALL AHASS
E-mail address: (to	in 195   Q moil - Com be used for future annual report notification	1-1-
For further information concerning this matter, please ca		
Edgar 1 Adami TIT	at ( <u>727) 나 19 - 1427</u> Area Code & Daytime Tele	
Enclosed is a check for the following amount:		
\$25.00 Filing Fee \$\text{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	STREET/COURIER A	ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Group, LLC
(Name of the Lighted Liability Company (A Florida Limited Lia	y as it now appears on our records.) ability Company)
•	
The Articles of Organization for this Limited Liability Company v	vere filed on $OS/OC/2013$ and assigned
Florida document number <u>L13000065858</u> .	' '
This amendment is submitted to amend the following:	
-	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and end with the words "Limite	ertainment, L.L.C
The new name must be distinguishable and end with the words "Limite "L.L.C."	d Liability Company," the designation "LLC" or the abbreviation
L.L.C.	76 20 20 20 20 20 20 20 20 20 20 20 20 20
Enter new principal offices address, if applicable:	(T)
(Principal office address MUST BE A STREET ADDRESS)	
	SA, w
Enter new mailing address, if applicable:	75.7
(Mailing address MAY BE A POST OFFICE BOX)	22
B. If amending the registered agent and/or registered offi	ce 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:	<u> </u>
Navy Pagistared Office Address	
New Registered Office Address:	Enter Florida street address
<del></del>	, Florida City Zip Code
	Lip 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Add
			Remove
			Remove
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		<del></del>	Remove
			Add
			Remove

D. If	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)			
:				
•				
Dated	,			
	Signature of a member or authorized representative of a member			
	Signature of a member or authorized representative of a member			
	Signature of a member or authorized representative of a member  Elgov 1. Alwy Typed or printed name of signee			
	Page 3 of 3			

Filing Fee: \$25.00

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