<u> 117006 (1717)</u>

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900271292059

04/07/15--01002--025 **25.00



APR 21 2015

	10			
ARTICLES O	F ORGA	ANIZ	AT	ION
q ;	OF	ş.	÷	4

	FASHION ONE	MUSIC LLC		
	(Name of the Limited Liability Company (A Florida Limited Lia	as it now appear bility Company)	rs on our records.)	
The Articles of Organization	for this Limited Liability Company w L13000107132	ere filed on	7/30/2013	and assigned
This amendment is submitted	d to amend the following:			
A. If amending name, <u>ente</u>	r the new name of the limited liabili	ty company he	ere:	
	DIGIDANCE MUSIC LLC			
The new name must be distinguish	nable and end with the words "Limited Liabili	ty Company," the	designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices	address, if applicable:			
(Principal office address M	UST BE A STREET ADDRESS)			20
Enter new mailing address	, if applicable:			5 APR - 7
	stered agent and/or registered offi	ce address or	ı our records, <u>e</u>	To the name of the ne
registered agent and/or the	new registered office address here:			
Name of New Reg	istered Agent:			
New Registered Of	fice Address:	F . D	rida street address	
		Enter Floi	riaa sireei aaaress	
		Enter Floi	riaa sireei aaaress . Florid	9

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 605, 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

Page 1 of 3

MGR = Ms $AMBR = As$	anager uthorized Member	•	
<u>Title</u>	Name	Address	Type of Action
			Add
			□ Remove
			Remove
		·	
			□ Remove
			·
			Add
			□ Remove
		·	
			Add
		 	□ Remove
		<u>.</u>	
			Add
			□ Remove

Authorized Member being added or removed from our records:

_		
_		
_		•
E. Effecti	date, if other than the date of filing: (optional)	
(The effe	date, if other than the date of filing: (optional) ve date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after is document is filed by the Florida Department of State)	
(The effe	we date must be specific, cannot be grior to date of receipt or filed date and cannot be more than 90 days after	•
(The effective the date	ve date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after a document is filed by the Florida Department of State)	
(The effective the date	ve date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after a document is filed by the Florida Department of State)	
(The effective the date	we date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after his document is filed by the Florida Department of States. MARCH 24 2015	

Page 3 of 3

Filing Fee: \$25.00

15 APR -7 AM 10: 57
SECRETARY OF STATE
TRACE ARMSSEE FLORIDS