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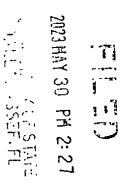
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Y. SCOTT
JUL 2 2 2023

COVER LETTER •

TO: Registration Se Division of Con							
ounteer	DIGIDANG	CE MUSIC LLC					
SUBJECT:	Name of Lim	ited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please return all correspondent	ondence concerning this matter	to the following:					
		MICHAEL GLEISSNER					
		Name of Person					
	20:						
	23 H						
	2023 HAY 30 PK						
		Address					
		MILLBURN NJ 07041	15 S				
		City/State and Zip Code	2: 27				
mg@michaelgleissner.com							
		to be used for future annual report not	fication)				
For further information of	concerning this matter, please c	all:					
MICHAEL C	ILEISSNER	212 796-4304 at ()					
Name (of Person	Area Code Daytin	ne Telephone Number				
Enclosed is a check for t	he following amount:						
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
Mailing Addre Registration Division of O P.O. Box 633 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro	rporations l'allahassee le Street, Suite 810				

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	IGIDANCE MUSIC LLC		
(<u>Name of the Limite</u> (he Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) mited Liability Company were filed on		
The Articles of Organization for this Limited Liz	ibiniy Company were med on	7/30/2013	and assigned
Florida document number <u>L130001071</u> :			
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liability company her	<u>e</u> :	
The new name must be distinguishable and contain the we	ords "Limited Liability Company." the des	signation "LLC" or the a	hbreviation "L.L.C."
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREET	(ADDRESS)		<u> </u>
			-
Enter new mailing address, if applicable:			202
(Mailing address MAY BE A POST OFFICE BOX)		: :: 2	- C3 - D 11
	 		<u> </u>
			0 1
B. If amending the registered agent and/or reagent and/or the new registered office address		cords, enter the nar	ne of the new register
agent and/or the new registered office address	· nere.	.16: THE	i in fall
Name of New Registered Agent:	EUGENE D. MONDRUS	5	27
New Registered Office Address:	160 SW 7TH CT		
	Enter Florid	la street address	
	POMPANO BEACH	, Florida	33060-8398
	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 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member <u>Title</u> <u>Name</u> Address **Type of Action** _ □Add □ Remove □ Change Px GChange _____ □Change _____ □Add _____ □Remove _____ Change __ □Add _____ □Change □Add □Remove

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ument's effective da	ite on the Dep	artment of	State's reco	ords.						
cord specifies a dela s filed.	yed effective	date, but no	t an effecti	ve time, at	12:01 a.m.	on the ear	lier of: (b)	The	e 90th di	ay after
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Filing Fee: \$25.00