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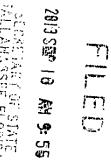
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COVER LETTER

TO: Registration Division of C				
SUBJECT:	the Music Name of Limit	Mansion LL(ed Liability Company	<u></u>	
The enclosed Articles	of Amendment and fee(s) are sub-	mitted for filing.		
Please return all corres	spondence concerning this matter	to the following:		
	Katl	Name of Person		,
	Cre	Firm/Company		
	2706 Ce	entral Aue Address	SALLAH AH	2013 SEP
	Saint Pe	Lers burg, FL 3 City/State and Zip Code Cregan co. com o be used for future annual report notificat	3+12 - SET, PLOR	
	E-mail address: (to	Obe used for figure annual report notificat	ion)	Su Su Su Su Su Su Su Su Su Su Su Su Su S
For further information	n concerning this matter, please ca		• •	•
Kalku Nam	dof Person	at (<u>77.7) 501 - (o´</u> Area Code & Daytime Te	377 elephone Number	
Enclosed is a check fo	r 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 Sta Certified Copy (additional copy	atus &

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

The Mus		LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears Limited Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability Florida document number <u>L 1300012223</u>		gust 29, 2013	and a	ssigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company here	:		,
Music Mansion, LL	_C			
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Compan	y," the designation "LL	C" or the	e abbreviation
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD	RESS)	200 En	<u> </u>	
		<u> </u>	<u>[数]</u>	<u> </u>
	•	A A		Grave.
Enter new mailing address, if applicable:		m Sin ⇔	25.9	
(Mailing address MAY BE A POST OFFICE BOX)		기 : [(): () ()	ug.	
		ラス	Ş.	
B. If amending the registered agent and/or regi registered agent and/or the new registered office ad		ır records, <u>enter the</u>	name	of the new
Name of New Registered Agent:				
New Registered Office Address:				
	Ente	er Florida street addre	SS	
		, Florida		
	City		Zip Co	de

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 = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Kathy Cregan	7706 Central Lue Saint Petersburg, FL 337	Add
	C	Saint Petersburg, FL 33	FIZ Kemove
MC:RM	Laurence Nestor	2706 Central Lue Saintretersburg, FL 3371	K Add
		Saintretersburg, FL 3371	Z Remove
		Direction of the Control of the Cont	291
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			Remove

if amend	ling any other information, enter change(s) here: (Attach additional	al sheets, if necessary.)
	Signature of a member or authorized representative of the Control	of a member
	Page 3 of 3 Filing Fee: \$25.00	2813 SEP 0 M4 9 54 SECRETARY OF STATE TALLAHASSEE, FLORISA