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| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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Office Use Only



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APR 27 2015

COVER LETTER

| Division of Corporations | |
|--|-------------|
| SUBJECT: Beat Starz Maragement LLC | |
| 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: | |
| Brandon Davi S Name of Person | |
| Beat Starz Management Firm/Company | |
| 2503 N. Swan Dr. NE | |
| Winter Haven FL 33881 City/State and Zip Code | |
| Demail address: (to be used for future annual report notification) | NE APR |
| For further information concerning this matter, please call: | 2 - 6 |
| Branch Dall S at (808) 651-4484 Name of Person at (808) Code Daytime Telephone Number | PH 1: 19 |
| Enclosed is a check for the following amount: | |
| (additional copy is enclosed) Certified C | of Status & |

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

TO ARTICLES OF ORGANIZATION OF

| Maddox Chase | LLC |
|--|---|
| (<u>Name of the Limited Liability Com</u> (A Florida Limite | pany as it now appears on our records.) d Liability Company) |
| The Articles of Organization for this Limited Liability Compar Florida document number <u>L13000/161930</u> . | ny were filed o. 11–19–13 and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited lia | ability company here: |
| Beat Starz Management L The new name must be distinguishable and end with the words "Limited Li | LC |
| | • |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | 2503 N. Swan Dr IVE Winter Haven FL |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 2503 N. Swan Dr WE TO Winter Haven FL |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address he | office address on our records, enter the name of the new |
| Name of New Registered Agent: | randon Davis Sr. |
| New Registered Office Address: 2503 | U. Swan Dr. NE Enter Florida street address |
| - Wint | er Haven , Florida 33881 Zip Code |
| New Degistered Agent's Signature if shanging Degistered Agen | - · |

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

| Authorized Member being added or removed from our records: | | | | |
|--|------------------|--|---------------------|--|
| MGR = Manager AMBR = Authorized Member | | | | |
| <u>Title</u> | Name | Address | Type of Action | |
| Mr_ | Brandon Davis S. | 2503 N. Swign Dr. N.E. Winter Haven FL 33881 | ∡ Add | |
| | | Winter Haven FL 33881 | _□ Remove | |
| | <u></u> | | _ _□ Add | |
| | | | _□ Remove | |
| | | | _□ Add _□ Remove | |
| | | | .□ Add □ Remove | |
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| Ε. | Effec | tive date, if other than the date of filing: (optional) |
| | (The ef | fective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after this document is filed by the Florida Department of State) |
| | Dated | 04/13/15 |
| | | Prodon Los Sr. |
| | | Signature of a member or authorized representative of a member |
| | | - Brandan Davis |
| | | Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00

