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SEURETARY OF STATE
TALLAHASSEE FLORIDA

N BRUCE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: AVORS MUSIC 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:	
SUZANNE AUDRS Name of Person	
JAVORS Music Firm/Company	
21469 Cypress Hammack Drive, #29A	
BOCA RATON FLORIDA 33428	· .
City/State and Zip Code	女
E-mail address: (to be used for future annual report notification)	n
For further information concerning this matter, please call:	
SUZANNE JAVORS at (561) 542-5648 ST Name of Person Area Code Daytime Telephone Number RT N	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Certificate of Status (additional copy is enclosed) \$60,00 Filing Fee. Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)	

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

(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now ag nited Liability Compa	pears on our records.) ny)
The Articles of Organization for this Limited Liability Com Florida document number <u>L 1300177977</u> .	pany were filed or	December 30, 2013 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability compan	y here:
The new name must be distinguishable and contain the words "Limited	Liability Company,"	the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u>S)</u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		SCORE TARRY OF STALLAHASSEE FLOT
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	ed office address here:	33.77
Name of New Registered Agent:		
New Registered Office Address:		
	Enter	Florida street address
		Florida
New Registered Agent's Signature, if changing Registered Ag	City tent:	Zip Code
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compacept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	olete performance as provided for i	of my duties, and I am familiar with and in Chapter 605, F.S. Or, if this document is

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> .	Name	Address	Type of Action
tuthorized Member	JESSE JAVORS	9165 SW 14th Street	⊢_□ Add
1		#1109	Da Remove
	·	BOCA RATION, FL 33428	Change
			☐ Remove
			Change
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			_□ Remove
			☐ Change

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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	LORDE NO	,
	Om N	
Effec	tive date, if other than the date of filing:	
(If an ei Note:	ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 1. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a	97 (. 18 tl
	ment's effective date on the Department of State's records.	
		_
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of eactive day after the record is filed.	or:
Dated	1 July 20 . 2018.	
	Signature of a member or authorized representative of a member	
	<u> </u>	

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Filing Fee: \$25.00