L14000026666

(Re	questor's Name)	
(Add	dress)	
(Ad	dress)	
- (Cit	y/State/Zip/Phone	e #)
PICK-UP		MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to f	Filing Officer:	
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our lea		Ausic Group		÷ .			
SUBJEC [*]	ı:	N	lame of Limi	ited Liability Company	,		
The enclo	sed Articles of	Amendment and fee	(s) are sub	mitted for filing.			
Please rett	urn all correspo	ondence concerning	this matter	to the following:			
		DeCarlo Serran	0				
				Name of Person			-
				Ei-JCanana			_
		2875 NE 191St,	Suite 500	rimi/Company			
				Address		 -	_
		Aventura, FL 33	3180				
				City/State and Zip C	ode		_
		connect@galleria	-				
				Address City/State and Zip Code clueprint.com address: (to be used for future annual report notification) please call: at (
For furthe	r information o	oncerning this matte	r, please ca	all:			
DeCarlo S	Serrano				4013541		
	Name o	f Person			Daytime	Telephone Numbe	ır
Enclosed i	s a check for the	he following amount	i:				
■ \$25.0	0 Filing Fee	□ \$30.00 Filing Certificate o		Certified Cop	у	Certifica Certifica	ate of Status & d Copy
N	1ailing Addres	is:		Stree	et Address:		
	Registration S					tion	
Γ	Division of C	Corporations			ision of Corp		
P	O. Box 632	.7		The	Centre of Ta	allahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Blueprin Music Group			
(Name of the Limi	ted Liability Com (A Florida Limite	npany as it now appears on our ed Liability Company)	records.)
The Articles of Organization for this Limited L		ny were filed on 02/17/2014	and assigned
Florida document number L14000026666			
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited li	ability company here:	
Galleria Blueprint			
he new name must be distinguishable and contain the	vords "Limited Lia	ability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:	2875 NE 191St, Suite 5	00, Aventura, FL 33180
Principal office address MUST BE A STREI	ET <u>ADDRESS)</u>		_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2875 NE 191St, Suite 5	
3. If amending the registered agent and/or agent and/or the new registered office addre		ce address on our records,	enter the name of the new registr
Name of New Registered Agent:			
New Registered Office Address:	18117 Bisca	yne Blvd Suite 2744	
		Enter Florida stree	
	Miami		, Florida
		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>	Name	Address	Type of Action
		 	□Add
			□Remove
			
			□Remove
			Change
			□Add
			□ Remove
			Change
			□Add
			□Remove
			Change
		<u> </u>	Change
			□Add
			□Remove
			□ Change

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