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SECRETARY OF STATE
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No. Walder

COVER LETTER

TO: Registration Solvision of Col					
Art of Mus	sic Productions, LLC				
Name of Limited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspond	ondence concerning this matter	to the following:			
	Martin Elmore				
	<u> </u>	Name of Person	 		
	Art of Music Productions,	LLC			
	· · · · · · · · · · · · · · · · · · ·	Firm/Company			
	11100 NW 44th Terrace				
		Address			
	Doral/FL 33178				
	 	City/State and Zip Code			
	elmorefam@gmail.com		-		
	E-mail address: (to be used for future annual report notif	ication)		
For further information of	concerning this matter, please ca	all:			
Martin Elmore		786 3825575			
Name o	of Person	Area Code Daytime	Telephone Number		
Enclosed is a check for t	he 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 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

Art of Music Productions, LLC		
(Name of the Limited Liability Compa (A Florida Limited	inv as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L14000133804</u>	were filed on August 26, 2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2861 Leonard Drive F209	
(Principal office address MUST BE A STREET ADDRESS)	Aventura, FL 33160	
		⊼s ±
Enter new mailing address, if applicable:	2861 Leonard Drive F209	TAHA JUAN JUAN JUAN JUAN JUAN JUAN JUAN JUA
(Mailing address MAY BE A POST OFFICE BOX)	Aventua, FL 33178	- 2√25 ∞ € 1
12212, 022 0110		
		9: 9: AA
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Floric	
	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

Title	Name	Address	Type of Action
MGR	Walter Elmore	2861 Leonard Drive. F209	
		Aventura, FL 33160	□ Remove
			Change
MGR Martin Elmore	Martin Elmore	11100 NW 44th TERR	
		Doral, FL 33178	Remove
			☐ Change
	·		
		<u></u>	□ Remove
			Change
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			Remove
			□ Change

. If amending any other information, enter change(s) here: (Attach additional sheets, if nec	essary.)
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Effective date if other than the date of filings (onti	onei)
Effective date, if other than the date of filing:	filing.) Pursuant to 605,0207 (3 s date will not be listed as the
the record specifies a delayed effective date, but not an effective time, at 12:01 and the specifies and the record is filed.	a.m. on the earlier of:
Dated August 1 2016	-
1/2051	16 ALLA
Signature of a member or authorized representative of a member	202
Martin Elmore	
Typed or printed name of signee	1 5 D
Page 3 of 3	52 PIDA

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Filing Fee: \$25.00