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COVER LETTER

TO: Registration Security Division of Cor		·	
		PRODUCTIONS, LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		JAVIER J. PEREZ	
	-	Name of Person	
	H2O	MUSIC PRODUCTIONS, LI	I.C
		Firm/Company	
	886	61 SHELL ISLAND DRIVE	
		Address	
	JAC	KSONVILLE, FLORIDA 322	16
		City/State and Zip Code	
		FINALLSTARS@GMAIL.CC	
	E-mail address; (to be used for future annual repor	t notification)
For further information ed	oncerning this matter, please c	all:	
JAVIER J	J. PEREZ	904	207 - 9917
Name of	Person	at () Area Code Di	aytime Telephone Number
Enclosed is a check for th	e 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

H2O MUSIC PRO	DDUCTIONS, LLC
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document numberL14000143379	were filed on and assigned
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liab	ility company here:
JP LATIN ALL	STARS, LLC
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3225 SOUTHSIDE BLVD, SUITE 4
(Principal office address MUST BE A STREET ADDRESS)	JACKSONVILLE, FLORIDA 32216
Enter new mailing address, if applicable:	3225 SOUTHSIDE BLVD, SUITE 4
Mailing address MAY BE A POST OFFICE BOX)	JACKSONVILLE, FLORIDA 32216
3. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:	Enter Florida street address
	Florida Society Co.
	Cuy En 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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Change
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e: If the	date is listed, the date must be specific and cannot be prior to date of date inserted in this block does not meet the applicable statu	filing or more than 90 days after filing.) Pursuant to 6 itory filing requirements, this date will not be 1	505.0. isted
ument's	effective date on the Department of State's records.		
record	specifies a delayed effective date, but not an eff	ective time at 12:01 a.m. on the ear	rliar
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Typed or printed name of signee

Filing Fee: \$25.00