L14000/65912

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	· #)
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(Bu	rsiness Entity Nam	ne)
(Do	ocument Number)	
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SECRETAIN OF STATE
TALL ADVISORS IN ORDINA

COVER LETTER

TO: Registration Se Division of Cor				`	
SUBJECT:	hrone Enter	tainment, LC	-C		
	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Carlas Ma	Name of Person	<u>. </u>		
	cms II	Name of Person Music, LL	C		
		Firm/Company			
	6792.	SW 69 Ave		# 35. 138. 138.	
		Address			
	Miami	IFL 33143		Y 12	
	carlosm.	FL 33143 City/State and Zip Code Serico gmail. Con to be used for fither annual report notific	m		ΞD
	`	•	cation)	¥@₹ H.H.	
α	oncerning this matter, please co		-75-04		
	f Person	at (305) 923 Area Code Daytime	Telephone Number		
Enclosed is a check for the	ne following amount:				
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Throne Enter	tainment, LC	-C
(Name of the Limited Lial (A Flor	bility Company as it now appears on rida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Florida document number <u>L14000165916</u>	Company were filed on 101	24/14 and assigned
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the li	_	
The new name must be distinguishable and contain the words "I	Limited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	NA SECOND
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		FILED MR 12 M 6
B. If amending the registered agent and/or re registered agent and/or the new registered office a		r records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida s	treet dedress
		. 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

r remove	from our records:		
MGR = \	Manager Authorized Member		
<u>itle</u>	Name	<u>Address</u>	Type of Action
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		-	
			Add
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			Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.,)	
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E. Effective date, if other than the date of filing: (optional)	•	
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date v		
document's effective date on the Department of State's records.		
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. of (b) The 90th day after the record is filed.	on the earlier	of:
Dated May 9 , 2016 0		
Signature of a member or authorized representative of a member		
Carlos Manuel Serio III		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00