L14000179402

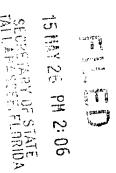
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T. HAMPTON

COVER LETTER

TO:	Registration'Se Division of Cor			
SUBJE	JONNY AT			
SUBJE	ECT:		ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		STEVEN LEVY		
			Name of Person	
		GILMAN & CIOCIA		
			Firm/Company	
		2875 NE 191ST STREET	SUITE 601	
		<u> </u>	Address	.
		AVENTURA, FL 33180		
		****	City/State and Zip Code	
		STEVEN.LEVY@GTAX.C		
For fur	ther information o	E-mail address: (oncerning this matter, please e	to be used for future annual report notifi	cation)
		oncerning this matter, piease en	aii.	
STEVI	EN LEVY		305 6925204 at ()	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for th	ne following amount:		
\$2:	5.00 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

JONNY ATAR LLC		SSAY TO THE
	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab Florida document number L14000179402	ility Company were filed on NOV 19, 2014	FLORITITIAND Prosigned
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of th	ne limited liability company here:	
JASBA RECORDS LLC		
The new name must be distinguishable and contain the word	ls "Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET)		•
Frincipal office address MOSI BE A STREET		
Enter new mailing address, if applicable:		}
<u>(Mailing address MAY BE A POST OFFICE BO</u>	<u></u>	
		
B. If amending the registered agent and/or registered agent and/or the new registered offic		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Francisco Planila de la Illania	
	Enter Florida street address	
	, Floric	
	Ciry	Zin 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>	<u>Name</u>	Address	Type of Action
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		Boca Raton, FL 33428	□ Remove
			☐ Change
			Remove
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record specifies a delay	yed effecti	ve date, but r	not an effectiv	e time, at 12:01	a.m. on the earlier of
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