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COVER LETTER

TO:	Registration Sec Division of Corp		
	Pennit Musi		
SUBJI	ECT:	Name of Limited Liability Company	
The en	closed Articles of A	Amendment and fee(s) are submitted for filing.	
Please	return all correspoi	ndence concerning this matter to the following:	
		Rowan Linwood	
		Name of Person	
		Pennit Music LLC	
-	•	Firm/Company	
		PO Box 693236	,
		Address	
		Miami/FL 33269	
		City/State and Zip Code rflinwood@gmail.com	
		E-mail address: (to be used for future annual report notification)	
For fu	ther information co	oncerning this matter, please call:	
Rowa	n Linwood	305 924-8568 at ()	
	Name of	Ferson Area Code Daytime Telephone Number	
Enclos	ed is a check for th	e following amount:	
□ \$2	5.00 Filing Fee	□ \$30.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Statu 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

TO ARTICLES OF ORGANIZATION OF

Pennit Music LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lin	company as it now appears on our records.) nited Liability Company)	
e Articles of Organization for this Limited Liability Combrida document number	pany were filed on February, 13, 2015	and assigned
is amendment is submitted to amend the following:		
If amending name, enter the new name of the limited	liability company here:	
owlin House Music LLC		
e new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
nter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRES	<u></u>	
ter new mailing address, if applicable:		
failing address MAY BE A POST OFFICE BOX)		
		16
		<u> </u>
If amending the registered agent and/or registered gistered agent and/or the new registered office address		PH PH
		T 75
Name of New Registered Agent:		
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address	
	Enter Florida street address , Florid a	

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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Remove
			□ Change
			Add
			☐ Remove
			□ Change
			□ Add
			Remove Standard Change
	<u></u>		B Add
			Remove
		<u> </u>	Change
		********	□ Add
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			Add
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			Change

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Filing Fee: \$25.00