L15000098951

(Re	equestor's Name)	<u></u>
(Ad	ldress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bı	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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07/27/15--01023--002 **30.00



COVER LETTER,

Division of Cor			
CITIES TO COM	AD MUZIK, LLC		
	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub	-	
	ETHELBERT NWANEGE	30	
		Name of Person	
	POWERHOUSE ANCHO	R MANAGEMENT CONSULTING	G, INC
		Firm/Company	
	4811 BEACH BLVD, SUI	TE 107	
		Address	···
	JACKSONVILLE, FL 322	07	
		City/State and Zip Code	
	ETHEL@PHANCHOR.CO		
		to be used for future annual report notifi	ication)
For further information of	oncerning this matter, please ca	all:	
ETHELBERT NWANE	ЗВО 	904 2650765 at ()	
Name o	f Person	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)	□ \$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

(Name of the Limited Liability Company as it now appears on our records.)

FILED 2015 JUL 27 PM 12: 19

SECRETARI LI STATE. TALLAHASSEE, ELORIDA

A riorida Eminico E	addity Company)
The Articles of Organization for this Limited Liability Company Florida document number L15000098951	were filed on 06/02/2015 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

New Registered Office Address:		
	Enter Florida street a	ddress
	<u> </u>	_, Florida
 -	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

MOB SQUAD MUZIK, LLC

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
MGR	VERNARD SIMMONS, SR.	1248 SQUIRRELL LN S.	= Add
		JACKSONVILLE, FL 32218	☐ Remove
			Change
OFF	SHERRY BLUE	7278 LEM TURNER ROAD	
		JACKSONVILLE, FL 32208	■ Remove
			□ Change
<u> </u>			Add
			□ Remove
			Change
			□ Remove
			Change
			□ Remove
			Change
	1 100 		D Add
			□ Remove
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amenu	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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ote: If t	e date, if other than the date of filing:	5.0207 (3)(b)
recor The 90	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earli 0th day after the record is filed.	er of:
ated	July 23, 2015	
	An Kund	
	Signature of a member or authorized tepresentative of a member	
	Sheeky Blue	

Page 3 of 3

Filing Fee: \$25.00