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TO:		istration Sect ision of Corpo			
SUBJEC	or.	Borkis Music	Entertainment, LLC		
SUBJEC	-1 :		Name of Limit	ted Liability Company	
				_	
		•	Pierre Hachar, Esq.		
			Music Entertainment, LLC Name of Limited Liability Company s of Amendment and fee(s) are submitted for filing. espondence concerning this matter to the following: Pierre Hachar, Esq. Name of Person The Hachar Law Firm, P.A. Firm/Company 8100 Oak Lane, Suite 401 Address Miami Lakes, FL 33016 City/State and Zip Code phachar@miolaws.com; lisbet.valdes@mialaws.com E-mail address: (to be used for future annual report notification) on concerning this matter, please call: at (305) 200-1308 me of Person Daytime Telephone Number		
			The Hachar Law Firm, P.A.		
				Firm/Company	
			8100 Oak Lane, Suite 401		
				Address	-
			Miami Lakes, FL 33016		
					fication)
For furth	her in	nformation cor			
Pierre H	Iacha	ır, Esq.			
	11 P	Name of F	Person		e Telephone Number
Enclosed	d is a	check for the	following amount:		
\$25.	.00 F	iling Fee		Certified Copy	Certificate of Status & Certified Copy

MAILING ADDRESS:

TO:

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

Borkis Music Entertainment, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{06/23/2015}{1}$ and assigned Florida document number L15000109307 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida City

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
AMBR	Avila, Katiuska Paola	11960 SW 135th Terrace	
		Miami, FL 33186	■ Remove
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	cord specifies a de e 90th day after th			ot an effective t	me, at 12:01	a.m. on the ear	lier o
Dated	1 Doril	19	2016	<u>8</u> .		•	
		Signature of	fa member or aut	norized representative	of a member		
		Digitature Of	La memoer or auu	wirzed representative	or a member		

Page 3 of 3

Filing Fee: \$25.00