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COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: Shannon Rae Music LLC Name of Limited Liability Company |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Shannon Rae Amoroso-Lipnick |
| Shannon Rae Music LLC Firm/Company |
| 6275 S. Williamson Blvd. #1121 |
| Port Orange FL 32128 City/State and Zip Code |
| Shannon ralmusic @ gmail. com E-mail address: (to be used for future annual report sortification) |
| For further information concerning this matter, please call: |
| Shannon R. Amoroso-Lipnickat (631) 680-5550 Name of Person Name of Person Name of Person Name of Person |
| Enclosed is a check for the following amount: |
| □ \$25.00 Filing Fee |

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

| Shannon ka | W 11103 | 10 11 | _ |
|---|---|---|----------------------------------|
| (Name of the Limited | Liability Company Florida Limited Liab | as it now appears on our rec oility Company) | ords.) |
| The Articles of Organization for this Limited Liab | bility Company w | ere filed on 8101 | 5 and assigned |
| This amendment is submitted to amend the follow | ving: | | |
| A. If amending name, <u>enter the new name of t</u> | he limited liabilit | y company here: | |
| The new name must be distinguishable and contain the wor | ds "Limited Liability | Company," the designation "l | LC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicat | ole: | | |
| Principal office address MUST BE A STREET | ADDRESS) | | |
| | - | | |
| Enter new mailing address, if applicable: 'Mailing address MAY BE A POST OFFICE Bo | OX) | | |
| | <u> </u> | | <u>ज</u> |
| B. If amending the registered agent and/o | | e address on our reco | ords, enter the name of the new |
| registered agent and/or the new registered office | <u>ce address here</u> : | | Fig. 2 II |
| Name of New Registered Agent: | Shannor | Rae Am | oroso-Lipnick |
| New Registered Office Address: | | | , * |
| ŧ | | Enter Florida street ad | dress |
| | | Cin | 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

| MGR = M AMBR = A | anager uthorized Member | | |
|---------------------|----------------------------|--|-----------------------------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
| <u>mgr</u> | John Lipnick | 6275.S: Williamson Blvd. Port-Orange, FL 32128 | ¥1121 □ Add □ Remove |
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| Tective date, if other than the date of filing: | (optional) | |
| an effective date is listed, the date must be specific and cannot be prior to date of t | filing or more than 90 days after filing.) Pursuant to 605. | .0207 |
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| e record specifies a delayed effective date, but not an efformation of the second is filed. | ective time, at 12:01 a.m. on the earne | er oi |
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| DIMANER K. (DIMANE) | 29-1- | |
| Signature of a member or authorized repr | resentative of a member | |
| | | |
| Shannon' Rae Almoros | 0-LIPNICK | |
| Typed or printed name of | fsignee | |

Page 3 of 3

Filing Fee: \$25.00