

10/13/2016

Division of Corporations

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

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Account Number : I20010000062
Phone : (323)962-8600
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PEER PRESSURE MUSIC GROUP, LLC

Certificate of Status	0
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Corporate Filing Menu

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T-475 P002/005 F-100

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PEER PRESSURE MUSIC GROUP, 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:

Cheyenne Moseley

Name of Person

Legalzoom.com, Inc.

Firm/Company

101 N. Brand Blvd., 11th Floor

Address

Glendale, CA 91203

City/State and Zip Code

peerpressuredominer@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cheyenne Moseley

800 773-0888 ext. 9724

at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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

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**TO
ARTICLES OF ORGANIZATION
OF**

PEER PRESSURE MUSIC GROUP, 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 02/15/2016 and assigned
Florida document number L16000031066.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

104 CROSSBRYN COURT

(Principal office address MUST BE A STREET ADDRESS)

ORLANDO, FL 32807

Enter new mailing address, if applicable:

104 CROSSBRYN COURT

(Mailing address MAY BE A POST OFFICE BOX)

ORLANDO, FL 32807

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

City, Florida 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

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Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	DANNY WIGGINS	4869 MYRTLE BAY DRIVE	<input type="checkbox"/> Add
		ORLANDO, FL 32829	<input checked="" type="checkbox"/> Remove
AMBR	HECTOR LOPEZ	4869 MYRTLE BAY DRIVE	<input type="checkbox"/> Add
		ORLANDO, FL 32829	<input checked="" type="checkbox"/> Remove
AMBR	DARREN WHATTS	4869 MYRTLE BAY DRIVE	<input type="checkbox"/> Add
		ORLANDO, FL 32829	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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Article IV. Please update the addresses of authorized members David Holmes and

Christiane Benitez to: 104 Crossbryn Court, Orlando, FL 32807

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 10/10/16 . _____



Signature of a member or authorized representative of a member

Christiane Benitez

Typed or printed name of signee

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CLERK OF STATE
TALLAHASSEE, FLORIDA