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(Re	equestor's Name)	
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COVER LETTER

SUBJECT:	BRUNO VALVERDE MU	SIC PUBLISHING LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	BRU	NO VALVERDE	
		Name of Person	
		Firm/Company	
	700 NE	25 STREET NO 1103	
,		Address	
	M	IIAMI, FL 33137	
		City/State and Zip Code	
		USIC@GMAIL.COM	
	E-mail address: (to be used for future annual report notifi	ication)
For further information c	oncerning this matter, please ca	all:	
BRUNO VALVERDI	E		
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	e 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:

TO:

Registration Section Division of Corporations

> 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

BRUNO VALVE	RDE MUSIC PUBLISHING I	LC	
(Name of the Limited Li (A F	ability Company as it now appe orida Limited Liability Company	ars on our records.)	
The Articles of Organization for this Limited Liabili	ity Company were filed on _	02-22-2016	and assigned
lorida document number L16000037119			
his amendment is submitted to amend the followin	g :		
. If amending name, enter the new name of the	limited liability company l	<u>here</u> :	
LA GRANGE MUSIC LLC			
he new name must be distinguishable and contain the words	"Limited Liability Company," the	designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable	. <u>N/A</u>		·
<u>Principal office address MUST BE A STREET Al</u>	DDRESS)		2018 3E3
			AAAA T
	 -		R 16
Enter new mailing address, if applicable:	N/A		
Mailing address MAY BE A POST OFFICE BOX	0		
	<u> </u>		Did N
3. If amending the registered agent and/or r		n our records, <u>en</u> t	er the name of the
egistered agent and/or the new registered office	address here:		
Name of New Registered Agent:	/A	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:			
	Enter Fl	orida street address	
_		, 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

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>	<u>Address</u>	Type of Action
	N/A		
			□ Remove
			☐ Change
			□ Remove
			Change
			□ Add
			□ Remove
			☐ Change
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			□ Remove
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N/A	on, enter change(s) here: (Attach additiona	s sincolo, if incoessus y.,
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ective date, if other than the d	ate of filing: be specific and cannot be prior to date of filing or more	(optional)
te: If the date inserted in this bloc	ck does not meet the applicable statutory filing re	equirements, this date will not be listed
ument's effective date on the Dep	ertment of State's records.	
record enecifies a delayed	offactive date, but not an effective time	a at 12:01 a m as the coultry
he 90th day after the reco	effective date, but not an effective tim rd is filed.	e, at 12:01 a.m. on the earlier
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	B. Vaherde	
	ignature of a member or authorized representative of a	a member
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Page 3 of 3

Filing Fee: \$25.00