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## **COVER LETTER**

Division of Corporations	
SUBJECT: EM-PINE MUSIC PRODUCTIONS, 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:	
STEVE DETACA Name of Person	
DETATA LAW GROUP, P.A.	
P.O. Box 292711	
DAVIE, FL 33329  City/State and Zip Code	
OFFICIAL ERIKA LYNN D. G. MAIL I COM E-mail address: (to be used for future annual report nonlication)	
For further information concerning this matter, please call:	
Name of Person	
Marie Of Leastin	
Enclosed is a check for the following amount:  □ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$60.00 Filing Fee.	
□ \$25,00 Filing Fee □ \$30,00 Filing Fee & □ \$55,00 Filing Fee & □ \$60,00 Filing Fee, Certificate of Status Certificate of Status (additional copy is enclosed)  □ \$60,00 Filing Fee, Certified Copy (additional copy is enclosed)	

MAILING ADDRESS: Registration Section Division of Corporations

TO:

Registration Section

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

O

EM-PILE MUSIC PROGNATION (Name of the Limited Liablity Com	DUCTIONS, LLC pany as it now appears in our records.)  ed Liability Company)
The Articles of Organization for this Limited Liability Compar Florida document number <u>L16000054072</u>	ny were filed on $\frac{03/14/20/6}{6}$ and assisted $\frac{36}{6}$
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	ability company here:
The new name must be distinguishable and contain the words "Limited Lia	ability 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)	SUITE 206 BOCA RATON, EL 33432
Enter new mailing address, if applicable:	·
(Mailing address MAY BE A POST OFFICE BOX)	
registered agent and/or the new registered office address h  Name of New Registered Agent:	
New Registered Office Address: P.O.	Box 292711  Enter Florida street address  Florida 33329
DAVLE	. Florida 33329 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>	Name		Address		* .	Type of Action
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Filing Fee: \$25.00