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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: John Whiteleather 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:
John Whiteleather Name of Person
John Whiteleather Music Productions L
508 Avant ST.
Sara SoTa F1 34232 City/State and Zip Gode
Sara SoTa F1 34232 City/State and Zip Code Wleather Dho Tmail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
John KWhiteleather at (941) 447-0458 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{Certified Copy} \\ \text{(additional copy is enclosed)} (additiona

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

John Whiteleather Music Productions LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

Florida document number <u>L/600005</u>				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company her	<u>re</u> :		
The new name must be distinguishable and contain the words "Li	mited Liability Company," the de	signation "LLC" or the abbrevia	tion "L.	L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD	ORESS)	1-4-	A	
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			∞ 2	£ 44.
Enter new mailing address, if applicable:		SS	ف	
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(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or regregistered agent and/or the new registered office ad Name of New Registered Agent:	dress here: Enter Flore City	our records, enter the	7	of the ne

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 mgr Gary E CliFF 1724 Redwood St #2 - Add Type of Action Sarasota Fl. 34231 USA ☐ Change ☐ Add ☐ Remove □ Change _□ Add ☐ Remove ☐ Change ☐ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove _□ Change

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tive date, if other than the date of filing:	ument's effective date on the Department of State's records.	B redamee		
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Secord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie e 90th day after the record is filed.				

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Filing Fee: \$25.00