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COVER LETTER

TO:

Registration Section

Division of Co	orporations			
G.W. Sou	ther LLC			
SUBJECT:			<u></u>	
	Name of Lim	ited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Jonathan Weaver			
	· · · · · · · · · · · · · · · · · · ·	Name of Person		
	G.W. Souther LLC			
		Firm/Company		
	1616 Martinsville Ct.			
	·	Address		
	Orlando, FL 32825			
	gwsouthermusic@gmail.co	City/State and Zip Code		
		to be used for future annual report no	otification)	
For further information	concerning this matter, please c	•		
Demetrius Garner	<i>g.</i> ,	256 221-5262		
		at ()		
Name	of Person	Area Code Dayti	me Telephone Number	
Enclosed is a check for	the following amount:			
	-	C ACCOUNT IN A	□ \$40.80 PM PM	
\$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:		Street Address:		
Registration Section		Registration Section		
Division of Corporations		Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



G.W. Souther LLC

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(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 and assigned Florida document number ______L16000064286 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 1616 Martinsville Ct. Enter new principal offices address, if applicable: Orlando, FL 32825 (Principal office address MUST BE A STREET ADDRESS) 1616 Martinsville Ct. Enter new mailing address, if applicable: Orlando, FL 32825 (Mailing address MAY BE A POST OFFICE BOX) 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:

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.

City

Enter Florida street address

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			For the CAN PORT A CONTROL OF THE PORT A CONTROL OF THE CONTROL OF	
<u>Title</u>	<u>Name</u>	<u>Address</u>	21 MAY LL PM 3: LESype of A	Action
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Typed or printed name of signee