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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : J L HOFMANN & ASSOCIATES, P.A.

Account Number : Il9990000022 Phone : (305)666-0024 Fax Number : (305)666-0028

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

D&F MUSIC II LLC

| Certificate of Status | 0 |
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| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$25.00 |

JUN 01 2016 J SHIVERS

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16.

5/31/2016 2:56 PM

May-31-2016 03:00 PM J L Hofmann & Associates, PA 3056660028

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| D&F MUSIC II LLC | | | | | | |
|--|---|--|---------------------------|--------------------------|-------------------|----------------------------|
| (Name of the Limited Limited Limited Limited (A Florida | ity Company as it a a Limited Liability C | ow appears on our recompany) | ord <u>s.</u>) | | | |
| The Articles of Organization for this Limited Liability C | Company were file | ed on April 20, 2010 | 5 | and as | ssigned | |
| Florida document number L16000078349 | | | | | | |
| This amendment is submitted to amend the following: | | | | | | |
| A. If amending name, enter the new name of the lim | nited liability con | ipany here: | | | | |
| The new name must be distinguishable and contain the words "Lin | nited Liability Compa | my," the designation " | LC" or the ab | breviation " | L.L.C." | |
| Enter new principal offices address, if applicable: | / | | | | | |
| (Principal office address MUST BE A STREET ADDI | RESS) | | | | | _ |
| | | | | | | |
| | | | | | | |
| Enter new mailing address of applicable: | | | | | | |
| (Mailing address MAYBE A POST OFFICE BOX) | | | _, | | | |
| | | | | | | |
| | · | | | | | |
| B. If amending the registered agent and/or regis | | dress on our reco | rds, <u>enter</u> | the name | | е леж |
| registered agent and/or the new registered office add | <u>ress here:</u> | | | 27.20 | 6 H | |
| | | | | | | |
| Name of New Registered Agent: | | / | | <u>- (0 %)</u> | <u> </u> | |
| New Registered Office Address: | | | | | The | <u>.</u> برد <u>ت ب</u> |
| | | Enter Florida street ad | iress | 1 | | |
| | | | Florida | 2:1- | 627 | 1 |
| | City | | | 7 ip Code | , | |
| New Registered Agent's Signature, if changing Registere | d Agent: | | | • | | |
| I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and cacept the obligations of my position as registered a being filed to merely reflect a change in the registere company has been notified in writing of this change. | complete perform gent as provided ed office address | ance of my duties I for in Chapter 60 | and I um f 5, F.S. Or. | amiliar w if this doc | ith and sument | ŧ |
| | If Changing Reg | istered Agent, <u>Signatu</u> | re of New Re | sistered Age | <u></u> | |

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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 = Munager
AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|---------------------|-------------------|---|----------------|
| AMBR | Frederick Hibbert | 420 S. Dixie Highway, Suite 4B | |
| | | Coral Gables, FL 33146 | □ Remove |
| | | , <u>, , , , , , , , , , , , , , , , , , </u> | ☐ Change |
| AMBR Doreen Hibhert | Doreen Hibbert | 420 S. Dixie Highway, Suite 4B | Add |
| | | Coral Gables, FL 33146 | □ Remove |
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| | | And the second | ******** | |
| (II'an offi <u>Note:</u> | ve date, if other than the date of filing: cive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing if the date inserted in this block does not meet the applicable statutory filing requirements, this days offsetive date on the Department of State's records. | na Masamasaa la | o 605.020 e list e d as | 17 (3) s the |
| he rec | ord specifies a delayed effective date, but not an effective time, at 12:01 a.m 90th day after the record is filed. | ı. on the e | arlier o | of: |
| Dated _ | Play 31 3016. | | | |
| | | | | |
| | Signature of a member or authorized representative of a member | | | |

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