Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((11170000105843)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Ta:

Division of Corporations

Fax Number

: (850)617-6383

From:

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

Account Number : I19990000022 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.\*\*

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN D&F MUSIC II LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

MI PARRIS

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

D&F Music II LLC
(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 April 20, 2016 and assigned
Florida document number L16000078349
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 "LL.C."
The new name inter of distinguishable and contain the words. Limited Edisting Company, the designation. Like of the abbreviation. Edisting
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable:
(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:
Enter Florida 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

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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 refject a change in the registered office address, I hereby confirm that the limited liability

company has been notified in writing of this change.

H 170000105843

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
AMBR	Frederick Hibbert	420 S. Dixie Highway, Suite 4B	
		Coral Gables, FL 33146	□ Remove
			Change
AMBR	Doreen Hibbert	420 S. Dixie Highway, Suite 4B	₽ Add
		Coral Gables, FL 33146	D Remove
			Change
MGR	Leba Hibbert-Thomas	420 S. Dixie Highway, Suite 4B	Add
		Coral Gables, FL 33146	Remove
		:	☐ Change
			Add
			□ Remove
			□ Change
			D Add
			□ Remove
			Change
			Add S
			□ Remove
		;	Change 22

Page 2 of 3

H170000105843

				·				
			_					
					•			
			<del></del> -	*				
							<del></del>	
-			· ····					
						*****		
· · · · · · · · · · · · · · · · · · ·								
***		<del></del>						
				- <del></del>	4.14.		·	)
			<u> </u>					
			·			<del></del>		
ective date	, if other the is listed, the	an the date	of filing:	not be prior to	late of filing of	more than 90	(optional)	Pursuant to 605.0
ie: If the da	ite inserted in	ı this block do n the Departm	es not meet	the applicabl	statutory fil	ling requirer	nents, this date	will not be listed
		elayed effe he record is		, but not a	n effective	e time, at	12:01 a.m. (	on the earlier
		January 11		117				

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00