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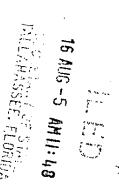
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO: Registration Sec Division of Corp					
GROVEVIE SUBJECT:	EW MUSIC, LLC				
Name of Limited Liability Company					
The enclosed Articles of A	Amendment and fee(s) are submitted for filing.				
Please return all correspon	ndence concerning this matter to the following:				
	CATHRYN WALKER				
	Name of Person				
	GROVEVIEW MUSIC, LLC				
	Firm/Company				
	307 SPRINGVIEW DR				
	Address				
	SANFORD, FL 32773				
	City/State and Zip Code				
	ecfocorp@gmail.com				
	E-mail address: (to be used for future annual report notification)				
For further information co	oncerning this matter, please call:				
CATHRYN WALKER	407 353-3819 at ()				
Name of					
Enclosed is a check for the	e following amount:				
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)				

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

Enter new principal offices address, if applicable:		
And I MUOTINE A CONTROL ADDING	aa)	
(Principal office address MUST BE A STREET ADDRE	<u> </u>	<u> </u>
		200
Enter new mailing address, if applicable:		- 5
(Mailing address MAY BE A POST OFFICE BOX)		True
[Mauring quaress MAT BE A FOST OFFICE BOX]		
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		# Un : :
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B. If amending the registered agent and/or register	red office address on our reco	ords, enter the name of the nev
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registered agent and/or the new registered office address		
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registered agent and/or the new registered office addre	······································	# #
	·	: 48
Name of New Registered Agent:		NU
Name of New Registered Agent:		WORK STATE
		ddress
Name of New Registered Agent:	Enter Florida street ac	ddress
Name of New Registered Agent:		ddress . Florida

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>	<u>Name</u>	Address	Type of Action
AMBR	FREDERICK P WALKER, JR	307 SPRINGVIEW DR, SANFOR)	Add
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fective date, if other than the da n effective date is listed, the date must be	e specific and cannot be prior to date of filing a does not meet the applicable statutory is	(optional) or more than 90 days after filing.) Pursuant to 60 filing requirements, this date will not be list)5.020 sted a
cument's effective date on the Depa			_
cument's effective date on the Deparence record specifies a delayed e		ve time, at 12:01 a.m. on the earli	ier d
record specifies a delayed e The 90th day after the record ted AUGUST 2			ier (

Page 3 of 3

Filing Fee: \$25.00