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	(Business Entity Name)	
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COVER LETTER

SUBJECT:	REBEL ELEV	EN MUSIC PUBLISHING, LLC		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	at () Name of Person Area Code Daytime Telephone Number check for the following amount: ing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy			
Please return all correspo	ondence concerning this matter	to the following:		
	HOMER CABLISH			
		Name of Person		
	CABLISH & GENTILE, C	CPAS, LLC		
Firm/Company				
	4855 27TH STREET WES	ST		
		Address	······································	
	BRADENTON, FL 34207			
	City/State and Zip Code			
				
	E-mail address: (Position of Limited Liability Company The submitted for filing. The submitted for filing for submitted for	ication)	
For further information c	oncerning this matter, please ca	all;		
Cindy Berube		941 756-9527		
Name o	f Person	Area Code Daytime	Telephone Number	
Enclosed is a check for t	ne following amount:			
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status &	

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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

REBEL ELEVEN MUSIC PUBLISHING, LLC

(<u>Name of the Limited Liability Compar</u> (A Florida Linuted L	iv as it now appears on our reliability Company)	ecords.)
The Articles of Organization for this Limited Liability Company Florida document number L1600012188	were filed on 06/23/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		olick BCI
(Principal office address MUST BE A STREET ADDRESS)		of the
		=
Enter new mailing address, if applicable:		2 5
(Mailing address MAY BE A POST OFFICE BOX)		<u>'</u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		cords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	office address on our records, enter the name of the new ere: Enter Florida street address Florida City Zip Code t: gree to act in this capacity. I further agree to comply with the te performance of my duties, and I am familiar with and s provided for in Chapter 605, F.S. Or, if this document is	
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code
	performance of my dutie rovided for in Chapter (es, and I am familiar with and 605, F.S. Or, if this document is

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

If amending any other information, enter change(s) here: (Attach additional she	eis, y necessary.)	
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more than some of the date inserted in this block does not meet the applicable statutory filing require ocument's effective date on the Department of State's records.	(optional) 90 days after filing.) Pursuant ements, this date will not b	to 605.0207 be listed as
e record specifies a delayed effective date, but not an effective time, at The 90th day after the record is filed.	t 12:01 a.m. on the	e arl ier of
OCTOBER 19, 2017		
Signature of a member or authorized representative of a men	mber	<u> </u>
CHRISTOPHER M. MURRAY		
Typed or printed name of signee	·	_

Page 3 of 3

Filing Fee: \$25.00