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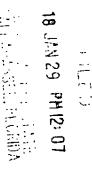
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S. WARREN JAN 3 0 2018

COVER LETTER

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	ion Section of Corporations	,	
Cubicor	Sou	und Waves Entertainment	LLC.
SUBJECT:	Name of I	Limited Liability Company	
The enclosed Articl	les of Amendment and fee(s) are s	submitted for filing.	
Please return all cor	rrespondence concerning this mat	ter to the following:	
		Sonia Becerra	····
		Name of Person	
	<u> </u>	Swyft Filings, LLC	
		Firm/Company	
		12605 East Freeway, Suite 5	40
	<u> </u>	Address	<u></u>
		Houston, Texas 77015	
		City/State and Zip Code	
	- '7' ''' 	filings@swyftfilings.com	
		s: (to be used for future annual report no	ouncation)
For further informat	tion concerning this matter, please	e call:	
Sor	nia Becerra	at (877) 777-0	0450
N	ame of Person		ime Telephone Number
Enclosed is a check	for the following amount:		
翼 \$25.00 Filing F	ee	☐ \$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:

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

Sound Waves Entertainment LLC. (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 08/04/2016 The Articles of Organization for this Limited Liability Company were filed on ____ and assigned L16000145846 Florida document number 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 "LLC." 3389 Sheridan Street #630 Enter new principal offices address, if applicable: Hollywood, FI, 33021 (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

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

, Florida

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
			Remove
			☐ Change
			
			□ Remove
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			□ Remove
			Change
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ctive date, if other than the date of fi	ling.	(optional)
effective date is listed, the date must be specific	ling:and cannot be prior to date of filing or more than 90 of meet the applicable statutory filing requiren	days after filing.) Pursuant to 605
ment's effective date on the Department of	of State's records.	ients, this date will not be list
cord specifies a delayed effective	e date, but not an effective time, at	12:01 a.m. on the earlie
e 90th day after the record is file	su.	
January 22	2018	
January 22	2018	, -
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Filing Fee: \$25.00