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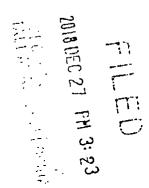
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: ESquire Records & Entertainment, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Benndrick C. WALSON
400ng Esquire Records, LLC Firm/Company
5030 78th Ave. N. Ste. 13
PiNellAs PArk, FL 33781 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Benndrick C. WATSON at (813), 393 - 0917 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee. Certificate of Status \$\Bigcup \$ (additional copy is enclosed) \$\Bigcup \$60.00 Filing Fee. Certificate of Status & Certi

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

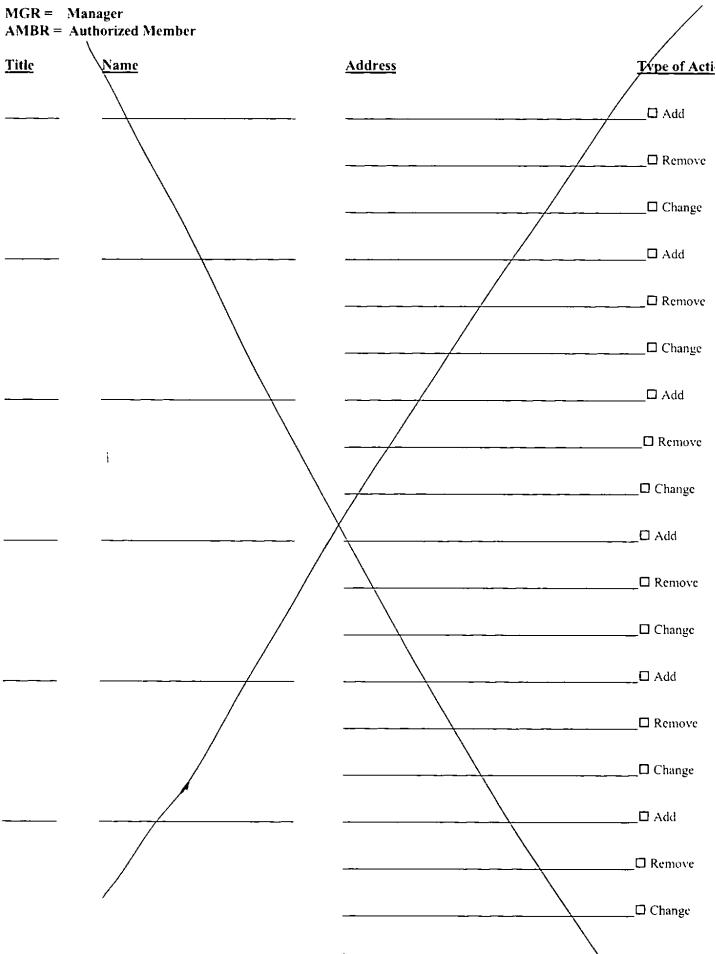
0	F & A
25quine Records & Enter (Name of the Limited Liability Company) (A Florida Limited Liability Company)	+Ainment, LLC ny as it now appears on our records.) Jability Company)
The Articles of Organization for this Limited Liability Company	were filed on $\frac{11/23/2016}{2016}$ and assigned
Florida document number <u>L 600021434</u>]	
This amendment is submitted to amend the following:	,
A. If amending name, enter the new name of the limited liabi	ility company here:
YOUNG ESQUIRE R	ecords, LLC
The new name must be distinguishable and contain the words "Limited Liabil"	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	NA
Enter new mailing address, if applicable:	
• • • • • • • • • • • • • • • • • • • •	ALA
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of	fice address on our records, enter the name of the
registered agent and/or the new registered office address here	
,	
Name of New Registered Agent: NA	
New Registered Office Address: N/	Enter Florida street address
	Pleade
	Florida
New Registered Agent's Signature, if changing Registered Agent:	
	as to get in this gangain. I further gange to comply with
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p	
accept the obligations of my position as registered agent as p	

M Changing Registered Agent. Signature of New Registered Agent

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being or removed from our records:



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(If an eff Note:	ve date, if other than the date of filing (optional) retive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at $12:01\ a.m.$ on the earlier of 90th day after the record is filed.
Dated	December 21. 2018.
	Signature of a member or authorized representative of a member
	Benndrick C. WATSON

Page 3 of 3

Filing Fee: \$25.00