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(Re	questor's Name)	
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TO: Registration Sec Division of Corp	tion + + + + + + + + + + + + + + + + + + +	The second of th	jr.
SUBJECT: Leon	Macja Music, LLC Name of Limi	ited Liability Company	
	amendment and fee(s) are subsidence concerning this matter		
r tease return an correspon		Name of Person	
	lean M	ajeen Music, LUC Firm/Company	
		Address Apt. 509	2017 FE SECRE TALLAH
	Llon Majle E-mail address: (1	City/State and Zip Code 19 gmail . Cm to be used for future annual report notifi	FEB 28 A II: I
Joshua Gian	ncerning this matter, please ca		I: 12
Name of Enclosed is a check for the		Area Code Daytime	e Telephone Number
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

COVER LETTER

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**

Leon Macjen Music, LLC		
Leon Macjen Music, LLC (Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our reco Liability Company)	rds.)
The Articles of Organization for this Limited Liability Company		and assigned
Florida document number <u>L16000223853</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Leon Majorn Music, LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LI	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	- Market Marker was	
	MUST BE A STREET ADDRESS) AND SELECTION OF	
		N. 20
Enter new mailing address, if applicable:	- 1- Wilde	(T) ##Uping
Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
B. If amending the registered agent and/or registered of	fice address on our recor	ds enter the name of the new
registered agent and/or the new registered office address here	2:	do, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
New registered office Address.	Enter Florida street addr	ess
	. F	Florida
	City	Zip Code
New Registered Agent's Signature if changing Registered Agents		

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 = N $AMBR = A$	Aanager Authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MOR	Drazen Majcen	2699 Seville Blud, Apt. 509	A Add
		Clear water, FL 33764	Remove
			Change
MUR	Anja Koumi	111 N 13th St. Apr. 1527	Add
		Tampa, FL 33602	■ Remove
			Change
			□ Add
		ALLAHASS	Remove Control Change
		TALLAHASSEE, FLORIDA	Add
			☐ Remove ☐ Change
			Remove
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