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COVER LETTER

TO:	Registration Sec Division of Cor			
CUDICA		JSIC GANG LLC		
SUBJEC	СТ:	Name of Limi	ited Liability Company	-
The encl	losed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		DEVYN SCOTT		
			Name of Person	·
		BULLY MUSIC GANG L	LC	
			Firm/Company	
		1708 NW 9TH AVE UNIT	`A	
			Address	
		FORT LAUDERDALE, FI	. 33311	
			City/State and Zip Code	
		BULLYMUSICGANG@GI		
		E-mail address: (t	to be used for future annual report notification	ation)
For furth	ner information co	oncerning this matter, please ca	all:	
DEVYN	SCOTT		754 551-03	
	Name of	Person	at ()	elephone Number
Enclosed	d is a check for th	e following amount:		
\$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)

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

BULLY MUSIC GANG, LLC				
(Name of the Limited L.) (A.F.)	iability Compa Iorida Limited I	ny as it now appears Liability Company)	on our records.)	
ne Articles of Organization for this Limited Liabil orida document number	ity Company	were filed on	03/10/2017	and assigned
nis amendment is submitted to amend the following	10.			
	_			
If amending name, enter the new name of the	limited liab	ility company her	<u>e</u> :	
A e new name must be distinguishable and contain the words	"Limited Liabi	lity Company," the des	ignation "LLC" or the ab	obreviation "L.L.C."
nter new principal offices address, if applicable:		1708 NW 9TH A		SECTION ALL
rincipal office address MUST BE A STREET A	DDRESS)	UNIT A		030 VE
		FORT LAUDERI	DALE, FL 33311	20
nter new mailing address, if applicable:		NA		是 200
failing address MAY BE A POST OFFICE BO	<u>v</u> 2			<u> </u>
If amending the registered agent and/or gistered agent and/or the new registered office	•		our records, enter	the name of the ne
Name of New Registered Agent:	iA			
New Registered Office Address:	IA			<u> </u>
		Enter Florid	la street address	
<u> </u>	!A		, Florida	
		City		Zip Code

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>	<u>Address</u>	Type of Action
AMBR	ALLEN PINE	7451 NW 21ST STREET	□ Add
		SUNRISE, FL 33313	Remove
			☐ Change
AMBR	CHARLESTON PINE	7451 NW 21ST STREET	
		SUNRISE, FL 33313	Remove
			□ Add
			Remove
		***	☐ Change
			□ Add
			□ Remove
			□ Change
			□ Add
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			☐ Change

NA					
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		NA		(I	
effective da	e, if other than the date of f ite is listed, the date must be specifi	ic and cannot be prior t	o date of filing or more	than 90 days after filing.) Put	rsuant to 605.02
: If the d	ate inserted in this block does i Tective date on the Department	not meet the applica	ble statutory filing re	equirements, this date will	not be listed
	pecifies a delayed effective		an effective tim	ie, at 12:01 a.m. on	the earlier
e 90th	day after the record is fil	ed.			
,	DECEMBER 17	2017			
d	(i ^				
Ì	MEN				
	Signature	of a member or autho	rized representative of	a member	_
	\ 1/				

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Filing Fee: \$25.00