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DIVISION OF CORPORATIONS

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O SIMMONS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Gravity Level Recordings Ent. UC 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:
Efrain Hernander Name of Person
Gravity Level Recordings ENT, LLC Firm/Company
7226 South US Highway 1
Port Saint Lucie, Fl 34952 City/State and Zip Code
Gravity evel recording a amail. Com E-hail address: (to be used for future annual peport notification)
For further information concerning this matter, please call:
tfrain Hernandez at (772) 800.9515 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{S30.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \$\times \text{\$100.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{\$100.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{\$100.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{\$100.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{\$100.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{\$100.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{\$100.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{\$100.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{\$100.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{\$100.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{\$100.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{\$100.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{\$100.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{\$100.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{\$100.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{\$100.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{\$100.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{\$100.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{\$100.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{\$100.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{\$100.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{\$100.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{\$100.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{\$100.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{\$100.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{\$100.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\$100.00

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

Gravity Level	Recordings ENT, U Liability Company As it now appears on A Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Lial Florida document number 17001026		<u>U</u> 10, 2017 and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the design	ation "LLC" or the abbreviation, "L.L.C."
Enter new principal offices address, if applicab	ole:	
(Principal office address MUST BE A STREET)	ADDRESS)	- <u> </u>
Enter new mailing address, if applicable:		2 His 5
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered offic	registered office address on our e address here:	records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida str	reet address
		, 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>	Address	Type of Action
mer	Efrain Hernandez	7228 S. USHighway 1	X Add
		Port Saintlucie, F1.34952	Remove
			Change
MGR	Albert Moore	205 N. 40th Street	j Add
		Fort Pierce, Fl. 34947	□ Remove
MGR	Domour Morris	4473 Sw Babylon St.	j Add
		PSL,F1. 34953	□ Remove
			Change
			D Add
			Remove
			Remove 17 July of Charles 18 Add AM
			Remove S
			Change
			□ Add
			_□ Remove
			_□ Change

-	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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_	DIVISION OF COHE OF ALTONS
	G COHE CONTINUE
_	<i>i</i>
(If an effe Note:	ve date, if other than the date of filing:
	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 _	May 15, 2017. Signature of a intember or authorized representative of a member
	Signame of a member of authorized representative of a member Hernandez Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00