Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000297786 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

from:

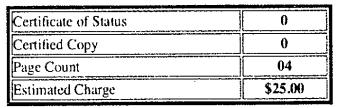
Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:				

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **BUSINESS STRATEGY CONSULTANTS LLC**



AUG 0 9 2021

A. LUNT

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BUSINESS STRATEGY CONSULTANTS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(A Florida Limited Linb	oility Compi	iny)		艺	
The Articles of Organization for this Limited Liability Company we	ere filed o	05/12/2017		and assigne	1 CO
L17000106226		· · · · · · · · · · · · · · · · · · ·		,	
Florida document number					Y 7
The Articles of Organization for this Limited Liability Company we Florida document number <u>L17000106226</u> . This amendment is submitted to amend the following:					ِ بِي در
A. If amending name, enter the new name of the limited liability					_
Sullivan Music LLC					
The new name must be distinguishable and contain the words "Limited Liability	Company,"	the designation "LL	.C" or the abbrev	iation "L.L.C."	
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)					
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
Producting water constraints and the constraints are constraints and the constraints are constraints and the constraints and the constraints are constraints and the constraints and the constraints are constraints are constraints and the constraints are constraints a					
-					
B. If amending the registered agent and/or registered office add	dress on o	ur records, ente	r the name of	the new reg	istered
agent and/or the new registered office address here:					
Name of New Registered Agent:					
- tame of the stopping teams					
New Registered Office Address:	· · ·	Elmida etmat adda			
Enter Florida street address					
	<i></i>	, F	lorida	7. C. 1	
	City		•	гир Соае	
New Registered Agent's Signature, if changing Registered Agent:					
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office adcompany has been notified in writing of this change.	erformanc ovided for	e of my duties, o in Chapter 605	and I am fam. . F.S. Or, if ti	iliar with an his documen	d

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
			□Add
			□Remove
			☐ Change
<u> </u>			
			□ Remedia
			Change Control
			□ Add OF CORPORATE
			Remove
			□Change
			□ Add
			□Change
			□ Add
			CRemove
			Change
			□Add
			☐ Remove
			□Change

Effective date, if other than the	date of filing: (optional)	
(If an effective date is listed, the date must	t be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 ock does not meet the applicable statutory filing requirements, this date will not be listed	207 (d as t
	-	
he record specifies a delayed effective ord is filed.	e date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
Dated August 6th	2021	
		
	Signature of a member or authorized representative of a member	
	Signature of a member of authorized representative of a member	
Sean Amo, Attorney-in-	Fact	
	Typed or printed name of signee	

Filing Fee: \$25.00