117000108302

(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) ertified Copies Certificates of Status Special Instructions to Filing Officer:			
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) entified Copies Certificates of Status	(R	equestor's Name)	
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) ertified Copies Certificates of Status	(A	ddress)	
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Intified Copies Certificates of Status	(A	ddress)	
(Business Entity Name) (Document Number) rtified Copies Certificates of Status	(C	ity/State/Zip/Phon	e #)
(Document Number) rtified Copies Certificates of Status	PICK-UP	☐ WAIT	MAIL MAIL
ertified Copies Certificates of Status	(Bi	usiness Entity Na	me)
	(De	ocument Number)	
Special Instructions to Filing Officer:	ertified Copies	_ Certificate:	s of Status
	Special Instructions to	Filing Officer:	
		i.	
3 4 4 4 4 4 4 4 4 4 4 	** **-		
nature .	1 3	HASSE	
Colin DEC -4 AM Colin Office All All Colin Office All All Colin Office All	Schi of	IALLA	



300306233493

12/05/17--01008--030 **25.00

TICU 対 DEC -U P 2: U

> D. SCOTT DEC 6 2017

COVER LETTER

TO: -	Registration Section Division of Corporations	
SUBJE	CT:	
The enc	closed Articles of Amendment and fee(s) are submitted for filing.	
Please r	return all correspondence concerning this matter to the following:	
	Christopher Batan Name of Person	
	Fruncial Symmer Music Group	
	303 Minaissance Pante get 304	
	Altrumk Sprins FL 32714 City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	- <u>- </u>
For furt	her information concerning this matter, please call:	T T
	Name of Person Name of Person Area Code Daytime Telephone Number 5	
Enclose	rd is a check for the following amount:	
\$25	5.00 Filing Fee Solution Salution Status Solution Status Solution Solution Status Solution Status Certificate of Status Solution Status Solution Solution Status Solution Solu	

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

(Name of the Limited Liability Compa (A Florida Limited	nny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 17700108317	were filed on $05/16/2017$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)	823 Renaissance Pointe Apt 105 Altamore Sprinss FL 32714
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	923 Renaissance Dointe ant 105 Atamone Springs For
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	
Name of New Registered Agent:	Dr. Dr.
New Registered Office Address:	Enter Florida street address
	City Tip Code 1
New Registered Agent's Signature, if changing Registered Agent:	D OTAN
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u></u>			Add
			Remove
			□ Change
			Add
			□ Remove
			☐ Change
			□ Remove
			Change
			Remove Remove Charles of Change Add Add
			ASSE Clambe
			FLORIDA Add
			Remove
			Change
			Add
			Remove
			☐ Change

	···				····		
					······		
	_						
				· · · · · · · · · · · · · · · · · · ·			
					至品		
					22	肥	1
					ASSE ASSE	-	1
					EE C		
					FLORIDI	2	
					30	1	
fective date, if other t	in this block does no	and cannot be prior ^t to of meet the applicat	odate of filing or mobile statutory filing	re than 90 days af	tional) ter filing.) his date v	Pursuant to vill not be	ο 605.020 listed ε
n effective date is listed, the ote: If the date inserted	on the Department o						
n effective date is listed, the term of th	delayed effective		an effective ti	me, at 12:01	a.m. o	n the e	arlier (
in effective date is listed, the ste: If the date inserted cument's effective date record specifies a The 90th day after	delayed effective the record is filed	d.	an effective ti	me, at 12:01	. a.m. o	n the e	arlier (
in effective date is listed, the ste: If the date inserted cument's effective date record specifies a The 90th day after	delayed effective the record is filed	.d.			. a.m. o	on the e	arlier d
an effective date is listed, the ote: If the date inserted occument's effective date in record specifies a The 90th day after outed	delayed effective the record is filed	.d.	- 21		. a.m. o	on the e	arlier d

Page 3 of 3

Filing Fee: \$25.00