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(Requestor's Name)	
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PICK-UP WAIT	MAIL
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SECRETARY OF STATE
TALL AHASSEF FLORID.

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S. WARREN SEP 1 5 2017

## **COVER LETTER**

TO:	Registration Sec Division of Corp		
21.P.II		MUSIC ENTERTAI	MENT LLC
SUBJE	.CI:	Nam	of Limited Liability Company
			li
The en	closed Articles of A	mendment and fee(s)	  ) are submitted for filing. 
Please	return all correspon	dence concerning this	is matter to the following:
		Un Tung Teng	
			Name of Person
		Momentum Tax A	 Accounting Consulting LLC
			Firm/Company
		6996 Piazza Grand	 nde Ave Ste 202 
			Address
		Orlando FL32835	
			City/State and Zip Code
		ra@momentumtac.	com 
For fu	rther information co	oncerning this matter,	
Un Ti	ing Teng		407 4403379 at ( )
	Name of	Person	Area Code Daytime Telephone Number
Enclo	sed is a check for th	e following amount:	li
■ Sî	25.00 Filing Fee	□ \$30.00 Filing F Certificate of	Status Certified Copy Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		ration Section on of Corporations ox 6327	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, F1, 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ORLANDO MUSIC ENTERTAL		
(Name of the Lim	nited Liability Company as it now appears on our r (A Florida Limited Liability Company)	ecords.)
The Articles of Organization for this Limited	Liability Company were filed on $\frac{06/01/2017}{}$	and assigned
Florida document number L17000120325	·	
This amendment is submitted to amend the fo	llowing:	
A. If amending name, enter the new name	of the limited liability company here:	
The new name must be distinguishable and contain the	words "Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl		
(Principal office address MUST BE A STRE	CET ADDRESS)	<u> </u>
	<del></del>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFIG		
The state of the s		
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B. If amending the registered agent an registered agent and/or the new registered		cords, enter the name of the nev
registered agent and/or the new registered	once address here.	
Name of New Registered Agent:	****	
New Registered Office Address:		
	Enter Florida street	address
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing		
I hereby accept the appointment as registe provisions of all statutes relative to the pro- accept the obligations of my position as re- being filed to merely reflect a change in th	oper and complete performance of my duti gistered agent as provided for in Chapter we registered office address, I hereby confi	es, and I am familiar with and 605, F.S. Or, if this document is
company has been notified in writing of th	is change.	FIL 'SEP 13 CRETARY LAHKSSE
	If Changing Registered Agent, Sign	ature of New Registereth Agent
	Page 1 of 3	STA LOR
	rage rate	

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 Type of Action <u>Address</u> <u>Name</u> <u>Title</u> Vanessa C Rodrigues 5521 New Independence Pkway MGR □ Add Winter Garden, FL34787 ■ Remove ☐ Change 5521 New Independence Pkway MGR Rafael R Alves \_□ Add Winter Garden, FL34787 **■** Remove ☐ Change ☐ Remove ☐ Change □ Remove ☐ Change □ Add ☐ Remove Change

D. If amending any other information, en	ter change(s) here: (Attach additional sheets, if nec	vessary.)
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E. Effective date, if other than the date of (It'an effective date is listed, the date must be spec Note: If the date inserted in this block does document's effective date on the Departme	ific and cannot be prior to date of filing or more than 90 days after not meet the applicable statutory filing requirements, the	ional) or filing.) Pursuant to 605.0207 (3)(b) is date will not be listed as the
If the record specifies a delayed effect (b) The 90th day after the record is	 tive date, but not an effective time, at 12:01 filed. 	a.m. on the earlier of:
Dated September 1sr	2017	
Valour C	7. Z. My	17 SECON
Signatur	e of a member or authorized representative of a member	F F F F F F F F F F F F F F F F F F F
Rafael R Alves		SSEE 3 p
	Typed or printed name of signee	EFLOG FLOG
	Page 3 of 3	H 3: 00 STATE FLORIDA
	Filing Fee: \$25.00	