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(Document Number)		
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RACLAHASSEE, FLORIDA

)(S)

COVER LETTER

SUBJECT: SONGS ABOUT LIFE PUBLISHING LLC 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:					
DAVID ALTIZER Name of Person					
SONGS ABOUT LIFE PUBLISHING LLC					
12707 TRU-CIOUS PLACE					
TAMPA FLORIDA 33625 City/State and Zip Code					
SONGAPORT FROM COMAIL. COM E-mail address: (to be used for future annual report polification)					
For further information concerning this matter, please call:					
DAVID ALTIZER at (727) 512-0435 Name of Person Area Code Daytime Telephone Number					
Enclosed is a check for the following amount:					
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$\$ Certificate of Status & Certified Copy (additional copy is enclosed)\$\$\$\$ Certified Copy (additional copy is enclosed)\$\$\$\$\$\$					

MAILING ADDRESS:

TO:

Registration Section
Division of Corporations

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

SONGS ABOUT LIA (Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.)	<u>LLC</u>
The Articles of Organization for this Limited Liability Company	were filed on JUNE 21 201	and assigned
Florida document number <u>L17000135412</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabil	orotection LLC or the al	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	12707 TRUC	1005 PlACE
(Principal office address MUST BE A STREET ADDRESS)	TAMPA, Floric	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SAME	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		
Name of New Registered Agent:	SAME	2018 - TO
New Registered Office Address:	Enter Florida street address	HASSE EC 10
	, Florida	
. 	City	Quy Code :
New Registered Agent's Signature, if changing Registered Agent:		D: 2

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 Type of Action <u>Address</u> <u>Title</u> <u>Name</u> _□ Add □ Remove _□ Change □ Add _□ Remove _□ Change _□ Remove _ Change TAULAHASSEE. TLORIDA □ Remove _ Change _□ Add _□ Remove ☐ Change

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	2018 ALL:
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fective date, if other than the date of filing:	(optional)
on effective date is listed, the date must be specific and cannot be prior to date of filing or one: If the date inserted in this block does not meet the applicable statutory filed cument's effective date on the Department of State's records.	r more than 90 days after filing.) Pursuant to 605.020
record specifies a delayed effective date, but not an effective The 90th day after the record is filed.	e time, at 12:01 a.m. on the earlier o
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Signature of a member of authorized representation of the property of the prop	us of a marshar

Page 3 of 3

Filing Fee: \$25.00