

L17000179560

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

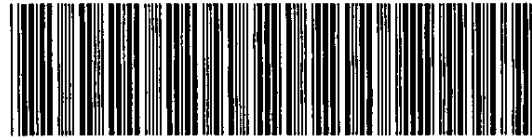
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. WARREN  
SEP 26 2017

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PWP Records 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:

Jaxon Samples  
Name of Person

PWP Records LLC  
Firm/Company

P.O. 1053 Kathleen, FL 33849  
Address

Lakeland FL 33810  
City/State and Zip Code

PWP@pwpmusic.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jaxon Samples at (863) 3984157  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**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**

PWP Records LLC

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

The Articles of Organization for this Limited Liability Company were filed on Sept. 22<sup>nd</sup> 2017 and assigned Florida document number L17000179560.

This amendment is submitted to amend the following:

**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 applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 1053 Kathleen, FL 33849

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office 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 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

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CLERK OF DISTRICT COURT  
STATE OF FLORIDA  
TALLAHASSEE

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>            | <u>Address</u>          | <u>Type of Action</u>                      |
|--------------|------------------------|-------------------------|--|
| MGR          | Aaron Folds            | 4827 Dove Cross Dr      | <input type="checkbox"/> Add               |
|              |                        | Kathleen, Florida 33810 | <input type="checkbox"/> Remove            |
|              |                        |                         | <input checked="" type="checkbox"/> Change |
| MGR          | Jaxon Samples          | 4404 Dove Meadow lane   | <input type="checkbox"/> Add               |
|              |                        | Kathleen, Florida 33810 | <input type="checkbox"/> Remove            |
|              |                        |                         | <input checked="" type="checkbox"/> Change |
| MGR          | Lanard Johnson-Mallard | 3292 Hawks Ridge Dr     | <input type="checkbox"/> Add               |
|              |                        | Lakeland, Florida 33810 | <input type="checkbox"/> Remove            |
|              |                        |                         | <input checked="" type="checkbox"/> Change |
|              |                        |                         | <input type="checkbox"/> Add               |
|              |                        |                         | <input type="checkbox"/> Remove            |
|              |                        |                         | <input type="checkbox"/> Change            |
|              |                        |                         | <input type="checkbox"/> Add               |
|              |                        |                         | <input type="checkbox"/> Remove            |
|              |                        |                         | <input type="checkbox"/> Change            |
|              |                        |                         | <input type="checkbox"/> Add               |
|              |                        |                         | <input type="checkbox"/> Remove            |
|              |                        |                         | <input type="checkbox"/> Change            |
|              |                        |                         | <input type="checkbox"/> Add               |
|              |                        |                         | <input type="checkbox"/> Remove            |
|              |                        |                         | <input type="checkbox"/> Change            |

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STATE DEPT OF STATE  
SECRETARY OF STATE

[illegible]

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated September 22nd. 2017.

Signature of a member or authority

Signature of a member or authorized representative of a member

## Taxon Samples

Typed or printed name of signee

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