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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

Tallahassee, FL 32314

TO: Registration S Division of Co			
Gubello I	Énterprise LLC	•	
SUBJECT:		·	
	Name of Li	mited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
	Anthony Gubello		
		Name of Person	
		Firm/Company	
	15254 Spring Hill Dr.		
	Brooksville, FL 34604	Address	
	legendarystudiosmusic@g	City/State and Zip Code	
	E-mail address:	to be used for future annual report not	ification)
For further information of	concerning this matter, please o	ail:	
Anthony Gubello		754 367-2483	
		at ()	
Name o	of Person	Area Code Daytin	re Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fec & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:	
Registration S Division of C		Registration Se	
P.O. Box 632		Division of Cor The Centre of T	porations allahassee

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gubello Enterprise LLC	
(Name of the Limited Liability Company s (A Florida Limited Liabi	as it now appears on our records.) ility Company)
The Articles of Organization for this Limited Liability Company well-lorida document number	re filed on and assigned
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability	y company here:
Legendary Records Music Group LLC	
he new name must be distinguishable and contain the words "Limited Liability C	Company," the designation "LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
The part office dadress MOST BE A STREET ADDRESS)	
-	
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
 If amending the registered agent and/or registered office address and/or the new registered office address here: 	ress on our records, enter the name of the new registe
Name of New Registered Agent:	
New Registered Office Address:	•
	Enter Florida street address
	, Florida
	City Zin 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 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

Title	<u>Name</u>	Address	Type of Action
	***************************************		□Add
			□Remove
			Change
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