## [180000 3481]

(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT M	AIL
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## **COVER LETTER**

	ds Music LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Stephan Warren		
	<del> </del>	Name of Person	
	FM Records Music LLC		
	·	Firm/Company	
	PO Box 25773		
		Address	
	Tamarac FL 33068		
		City/State and Zip Code	
	info@fmrecordsmusic.com		
	E-mail address: (	to be used for future annual report notifi	cation)
For further information of	concerning this matter, please co	all:	
Stephan Warren		561 506 1000	
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & 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 enclose

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

FM Records Music LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	
he Articles of Organization for this Limited Liability Company v	were filed on 2/8/2018	and assigned
lorida document number L18000034813		
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liabil	lity company here:	
ne new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or	the abbreviation "L.L.C."
nter new principal offices address, if applicable:		200 [AL
Principal office address MUST BE A STREET ADDRESS)		>=
		A SAME
		SE 4
nter new mailing address, if applicable:		
Aailing address MAY BE A POST OFFICE BOX)		
		(3)
. If amending the registered agent and/or registered off gistered agent and/or the new registered office address here		nter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	a
<del></del>	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

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>	Type of Action
AMBR	Kemar McGregor	PO Box 25773 Tamarac FL 33320	
			■ Remove
			☐ Change
Owner	Stephan Warren	PO Box 25773 Tamarac FL 33320	
			Remove
			Change
			Add
			Remove
			Change
			Remove
			☐ Change
			Remove
			☐ Change
			□ Remove
			☐ Change

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effective date is listed, the date in e: If the date inserted in this	iust be specific block does n	and cannot be of meet the a	prior to da	te of filing o	or more than 9 iling require	0 days after f ments, this	iling.) Pursu date will n	iant to 605.0
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May 20		2018						
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Filing Fee: \$25.00