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(Re	questor's Name)	
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SECRETARY OF STALE
DIVISION OF CORPORATIONS

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COVER LETTER

SUBJECT:	Eversouth R	ecords, LLC		
SUBJECT		Name of Lim	ited Liability Company	
The enclosed	l Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspon	idence concerning this matter	to the following:	
		Sean Goldfarb		
			Name of Person	
		Eversouth Records, LLC		
			Firm/Company	
		756 Hunter Street		
			Address	
		Tallahassee, FL 32303		
		scangoldfarb@gmail.com	City/State and Zip Code	
			to be used for future annual report notifi	cation)
For further is	nformation co	ncerning this matter, please ca	all:	
Sean Goldfa	гЬ		205 531-1712 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for the	e following amount:		
□ \$25.00 F	iling 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 enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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

(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records. Liability Company))
The Articles of Organization for this Limited Liability Company Florida document number L18000063852	y were filed on 03/12/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility 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)		is in the second
		JUL
		19 OF C
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		\$1A 0RAI 2:
		10 Hg
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	rida Zip Code
New Registered Agent's Signature, if changing Registered Agent	City:	Zip Code
I hereby accept the appointment as registered agent and agi	_	har arrea to comply with

If Changing Registered Agent, Signature of New Registered Agent

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Sean Goldfarb	756 Hunter St., Tallahassee, FL	= Add
		32303	☐ Remove
			☐ Change
MGR	Sean Goldfarb	756 Hunter St., Tallahassee, FL	= Add
		32303	□ Remove
			Change
			□ Remove
			Change
			□ Remove
			☐ Change
			
			Remove
			☐ Change
			Remove
			□ Change

tive date, if other than the date of filing: (optional) (in the date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60: (if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list ment is effective date on the Department of State's records. (a) Tuly 12 14 2016 (Signature of a member or authory/sed representative of a member	as a member/manager.	
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Signature of a member or authorized representative of a member	000 111	

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Filing Fee: \$25.00