

L18 000 111 012

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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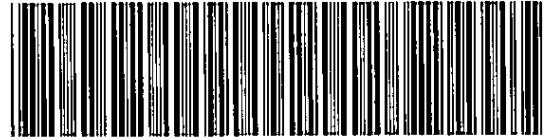
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VIDEO WIZARDS MUSIC, 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:

ALAN M. STEIN

Name of Person

ALAN M. STEIN ACCOUNTING & TAX SERVICE, INC.

Firm/Company

3930 STATE ROAD 64 EAST

Address

BRADENTON, FL 34208

City/State and Zip Code

STEINACCOUNTING@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALAN M. STEIN

941 749-5364
at () _____
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

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

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

VIDEO WIZARDS MUSIC, 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 05/02/2018 and assigned
Florida document number L18000111012.

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)

1906 GREEN HILLS BLVD

FRANKLIN, TN 37067

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1906 GREEN HILLS BLVD

FRANKLIN, TN 37067

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:

ALAN. M. STEIN

New Registered Office Address:

3930 STATE ROAD 64 EAST

Enter Florida street address

BRADENTON

City

Florida 34208

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>	<u>Type of Action</u>
MGR	WALTER H MCEUEN	1906 GREEN HILLS BLVD	<input type="checkbox"/> Add
		FRANKLIN, TN 37067	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	MARYLIN MCEUEN	1906 GREEN HILLS BLVD	<input type="checkbox"/> Add
		FRANKLIN, TN 37067	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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TALLAHASSEE, FL

SECRETARY OF STATE
TALLAHASSEE, FL
2021 JUL 14 PM 1:15

SECRETARY OF STATE
TALLAHASSEE, FL.
2021 JUL 14 PM 1:15

(If an effective 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 605.0207 (3)(b)

W. H. B.

Typed or printed name of signee