48000114248

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O SIMARAONS AUG 1 () 2018

COVER LETTER

Div	ision of Cor	porations		
SUBJECŤ:		ion Musik Group, LLC		
SUBJECT:		Name of Limi	ited Liability Company	
The enclosed	l Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Yvenson Bernard		
			Name of Person	
		Noir Addiction Musik Gro	oup, LLC	
			Firm/Company	
		3030 N Rocky Point Dr S	Ste150A	
			Address	
		Tampa, FL 33607		
			City/State and Zip Code	
		E-mail address: (to be used for future annual report notifi	cation)
For further i	nformation co	oncerning this matter, please ca	all:	
	Name of	Person	at () Area Code Daytime	Telephone Number
	Tiunio O			
Enclosed is	a check for th	e following amount:		
■ \$25.00 F	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 enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

Noir Addiction Musik Group, LLC		
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our recor- rida Limited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability	y Company were filed on 05/07/2018	and assigned
Elorida document number L18000114248		一篇之一
This amendment is submitted to amend the following	:	る。同
A. If amending name, enter the new name of the li	imited liability company here:	MG-6 MILL
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD)	DRESS)	<u> </u>
	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		• • • • • • • • • • • • • • • • • • • •
B. If amending the registered agent and/or regregistered agent and/or the new registered office ad		s, enter the name of the nev
Name of New Registered Agent:		····
New Registered Office Address:		
	Enter Florida street address	S
	, Flo	orida Zip Code
	Cuv	лр Соце

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>	Address	Type of Action
AMBR	Tiffany Bernard	3030 N Rocky Point Dr	
		Ste 150A	□ Remove
		Tampa, FL 33607	
~			Add
			☐ Remove
			Change
			Add Add
			SST OR Remove
			Remave 1020 Change
 			Add
			□ Remove
			☐ Change
			Add
			☐ Remove
			□ Change
			☐ Remove
			☐ Change

name to Tiffany Bernard	I due to marriage.		
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	the date of filing:	to date of filing or more than 90 day	(optional) s after filing) Pursuant to 605 029
te: If the date inserted in this	block does not meet the application	able statutory filing requirement	
ument's effective date on the	Department of State's records.		
record specifies a delay	ved effective date, but no	t an effective time, at 12:	01 a.m. on the earlier
he 90th day after the r		t un chiccave ame, de 12.	of difficultive current
	0040		
July 30th	2018		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00