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## **COVER LETTER**

TO:	Registration Sec Division of Corp					
		3bad music				
SUBJ	ECT:	Name of Lim	nited Liability Company	-		
The e	nclosed Articles of A	mendment and fee(s) are sub	omitted for filing.			
Please	e return all correspon	dence concerning this matter	to the following:			
			jermaine shaw			
			Name of Person			
		•	noda masic			
		6690 crest loop	Firm/Company	<del></del>		
		ft myers florid	Address da 33912			
	City/State and Zip Code 1981jshaw22@qmail.com					
		E-mail address: (	to be used for future annual report notification)	1.1.	DEC	ن سين
For fi	irther information co	ncerning this matter, please c	all:	/ 3 // 3	2010 DEC 17 PK	1
	jermaine shaw		561 335 7900	 ,	곶	0"
	Name of	Person	Area Code Daytime Telephone Numb	per illy	2: 30	
Enclo	sed is a check for the	following amount:				
□ \$:	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certific	Filing Fee, cate of Statued Copy nal copy is enc		

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

(Name of the Limited	AMPIT	ny as'it now appears on our records.)					
The Articles of Organization for this Limited Liab Florida document number <u>L/SD/D/H7/J</u> This amendment is submitted to amend the follow	ility Company	lalurba		and ass	signed		
A. If amending name, enter the new name of the	C	ility company here:					
The new name must be distinguishable and contain the word	ls "Limited Liabil	ity Company," the designation "LLC" of	or the abbrevia	tion "L.	.L.C."		
Enter new principal offices address, if applicab		6690 crest loop					
(Principal office address MUST BE A STREET)	ADDRESS)	ft myers					
	florida 33912						
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2230 jim taylor rd wood lawn tn 37191					
B. If amending the registered agent and/or registered agent and/or the new registered offic			enter the	201 <b>0 name</b>	of the new		
Name of New Registered Agent:	6690 d	rest loop		17 PM:			
New Registered Office Address:		Enter Florida street address	<u> </u>	<u>ශ</u>			
	<b>4</b>	Emer Prorida Mreet adaress	٠.	0			
	ft myers	Flor		C. 1			
	Cin <sup>,</sup>	Zij	o 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
MGR	jermaine shaw	6690 crest loop apt 1417 ft myers fl 33912	
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		12\11\18	3					
Effective date, if other than that an effective date is listed, the date in			rior to date of	f filing or more !		ional) r tiling ) Pursu	ani ta 6l	ns nan7
Note: If the date inserted in this document's effective date on the	block does no	t meet the ap	plicable stat					
he record specifies a delayo The 90th day after the re			not an ef	fective time	e, at 12:01	a.m. on th	e ear	lier of
. 12/21/18								
Dated		- ·	— <u>;</u>					

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Typed or printed name of signee

Filing Fee: \$25.00