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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO:	Registration Se Division of Cor						
cumte		MUSIC PRODUCTIONS LLC					
Name of Limited Liability Company							
The enc	closed Articles of	Amendment and fee(s) are subr	nitted for filing.				
Please r	eturn all correspo	indence concerning this matter t	to the following:				
		ROBERT MEISTER					
			Name of Person				
		TASMAN MUSIC PRODU	JCTIONS LLC				
			Firm/Company				
		404 EDGEWOOD AVE					
		 -	Address				
		CLEARWATER, FL 3375	5				
		rob@robmeister.com, claud	City/State and Zip Code ina01@gmail.com				
		•	to be used for future annual report noti	fication)			
For fur	ther information o	concerning this matter, please ca	all:				
Robert Meister			323 7029158 at ()				
	Name o	of Person	Area Code Daytim	e Telephone Number			
Enclose	ed is a check for t	he following amount:					
■ \$2 :	5.00 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 enclosed)			

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

TASMAN MUSIC PRODUCTIONS LLC

(Name of the Limited Liability C (A Florida Lim	ompany as it now appears on our reco nited Liability Company)	irds.)			
The Articles of Organization for this Limited Liability Com	pany were filed on07/06/2018	and assigned			
Florida document numberL18000163848					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited	l liability company here:	F1 8 AUG SECRET			
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "L				
Enter new principal offices address, if applicable:		E D			
(Principal office address MUST BE A STREET ADDRES	<u> </u>	DE 5			
		> 6			
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		rds, enter the name of the new			
Name of New Registered Agent:					
New Registered Office Address:	Enter Florida street add	ress			
	Florida				
	City	Zip Code			
New Registered Agent's Signature, if changing Registered Agent's	gent:				
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	plete performance of my duties, t as provided for in Chapter 60:	and I am familiar with and 5, F.S. Or, if this document is			

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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E. Effective	e datc, if other	than the date	of filing:				(option	al)	
(If an effec	tive date is listed, the fate inserted	he date must be sp	pecific and ca	annot be prior	to date of filing	or more than 90) days after fi nents, this d	ling.) Pursuant to late will not be	605.0207 listed as
documer	nt's effective date	on the Departi	ment of Sta	te's records	`				
16 hb	da.ifi.a	d-lawed aff	حام مینځم	to but	t an official	ua tima at	12:01	m on the or	rdiar of
	ord specifies a 90th day after			te, but no	n an enecu	ve time, at	12.01 a.	ii. on the ea	illei oi
כ שווי (ט)	_			-					
. ,		<u>3rd</u>	·	<u> 2018</u>	<u>.</u>				
. ,	July 2			•					
Dated _	July 2	Ala is	10	, B	No set	_			
. ,	July 2 	<u>Claudi</u> Signa	ature of and	ember or auth	orized represen	tative of a meml	oer		-

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Filing Fee: \$25.00