

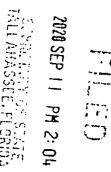
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US 10/25/20

COVER LETTER

TO:

TO: Registration Se Division of Cor					
	DRZ En	tertainment, L.L.C.			
SUBJECT:	Name of Lim	ited Liability Company			
	Amendment and fee(s) are sub				
Please return all correspo	indence concerning this matter	to the following:			
		Wallace Nozile			
		Name of Person		- 	
		DRZ Entertainment, L.L.C.		2020 SEP 11	-7
		Firm/Company		P -	<u> </u>
		SEE P	T		
	····	Address	·—-	- FI.51	C
		Gainesville, FL. 32608		PM 2: 04 SEE. FLORIDA	
		City/State and Zip Code			
		contact@tmplyrics.com			
For further information c	E-mail address: (oncerning this matter, please c	to be used for future annual report noti alt:	lication)		
	e Nozile		562-2648		
Name o	f Person	at ()	e Telephone Numb	er	
Enclosed is a check for the	ne following amount:				
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certific	Filing Fee, cate of Status & cd Copy al copy is enclosed)	
Mailing Addres		Street Address:			
Registration S Division of C		Registration Se Division of Cor			
P.O. Box 632	.7	The Centre of T	allahassee		
Tallahassee, I	FL 32314	2415 N. Monro	e Street, Suite	810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DRZ Entertainn	nent, L.L.C.			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears Liability Company)	s on our records.)		
The Articles of Organization for this Limited Liability Company Florida document numberL18000258806	were filed on	11/05/2018	a	nd assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company he	<u>re</u> :		
TMP Lyrics, L.L.C.				
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the de	signation "LLC" or	739763 4	
Enter new principal offices address, if applicable:	216 13th Avenue South			ons F
Principal office address MUST BE A STREET ADDRESS)	Safety Harbor,	FL. 34695	FE AS	7
			25.55 7.55 7.55 7.55 7.55 7.55 7.55 7.55	!
Enter new mailing address, if applicable:	216 13th Avenu	ue South	OF STA	PH 2:
Mailing address MAY BE A POST OFFICE BOX)	Safety Harbor,	10 m 2		
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	address on our re	ecords, enter the	e name of t	he new regist
Name of New Registered Agent:		<u> </u>		
New Registered Office Address:	Enter Flori	ida street address		
		, Floric		
	City		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

Title	<u>Name</u>	<u>Address</u>	Type of Action
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			Remove
			Change SE DAdd
			SSITE Phange
			□Remove
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			Remove
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record speci d is filed.	fies a delayed effective date	, but not an effec	tive time, at 12:	01 a.m. on the	earlier of: (b)	The 90th	h day al	fter the
	September 8	202	20					
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Filing Fee: \$25.00