

L18 000 265842

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

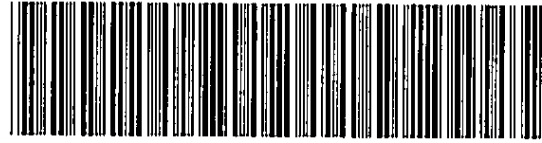
(Business Entity Name)

(Document Number)

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FILED

2019 APR 15 AM 7:39

CLERK OF SUPERIOR COURT

C. GOLDEN

APR 24 2019

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: The Collaborators Music Group 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:

Sidney Cover  
Name of Person

\_\_\_\_\_  
Firm/Company

4026 Inverray Blvd Apt 1114  
Address

Lauderhill FL 33319  
City/State and Zip Code

Sidney Cover@aol.com  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Sidney Cover at (954) 558-3225  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 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

The Collaborators Music Group LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
2019 APR 15 AM 7:39

The Articles of Organization for this Limited Liability Company were filed on 11/13/18 and assigned  
Florida document number L18000265842.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

New Registered Office Address:

Enter Florida street address

Florida

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Authorized Member	7812 Plantation Blvd	<input type="checkbox"/> Add
	Scott, NaFTUL	Miramar FL 33023	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Clarke, Andre	5770 Ithaca Cir E	<input type="checkbox"/> Add
		Lake Worth FL 33463	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Scott Jahmed	7745 Dilibo Blvd	<input type="checkbox"/> Add
		Miramar FL	<input checked="" type="checkbox"/> Remove
		33026	<input type="checkbox"/> Change
AMBR	Cox, Norman P. Jr	2737 NW 204th Ln	<input type="checkbox"/> Add
		Miami Gardens FL	<input checked="" type="checkbox"/> Remove
		33056	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated \_\_\_\_\_

Handwritten signature of Sidney Cover

Signature of a member or authorized representative of a member

Sidney Cover

Typed or printed name of signee