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## **COVER LETTER**

	gistration Sec vision of Corp					
cimicat.	Broken Bea	tz Music Group, LLC				
SUBJECT:		Name of Lim	ited Liability Company			
The enclosed	d Articles of <i>i</i>	Amendment and fee(s) are sub	mitted for filing.			
Please return	n all correspo	ndence concerning this matter	to the following:			
		Michael Johnson				
		Broken Beatz Music Group	Name of Person p. LLC			
		1142 Red Dandy Drive	Firm/Company	<u>-</u>		
		ORLANDO FL, 32818	Address			
		Mike_Johnson0814@yahoc	City/State and Zip Code o.com		200	·
		E-mail address: (	to be used for future annual report notific	cation)	7.5 111	
For further is	nformation co	oncerning this matter, please co	all:		G G	
Michael Joh			850 345-8450 at ()		- :: :: - :: ::::::::::::::::::::::::::	·
	Name of	Person	Area Code Daytime	l'elephone Number	- 22	در. فمر
Enclosed is a	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 Fe Certificate of \$ Certified Copy (additional copy is	Status &	

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

Broken Beatz Music Group LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 1/22/2019 \_\_\_ and assigned Florida document number  $\frac{L19000021984}{L}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Broken Beatz Media Group LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

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 = M $AMBR = A$	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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_	N	Signature o	t a member or a	uthorized repre	sentative of a me	mber				

Page 3 of 3

Filing Fee: \$25.00