

U9000083208

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : CRICHTON MULLINGS & ASSOCIATES PA
Account Number : 128070000038
Phone : (954)862-2250
Fax Number : (954)862-2251

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: CESWIL@ymail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TEHILLA MUSIC GROUP LLC

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2019 APR -2 AM 11:08

SECRETARY OF STATE
TALLAHASSEE FL

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4/2/19 GS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TEHILLA MUSIC GROUP LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fec(3) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cecil Wilson

Name of Person

Firm/Company

6960 NW 4TH PLACE

Address

MARGATE FL 33063

City/State and Zip Code

CESWIL@YMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CECIL WILSON

at (954) 812-9002

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

2019 APR - 2 2 54

FILED

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TEHILLA 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 March 26, 2019 and assigned Florida document number L19000083208

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

TEHILLA MEDIA GROUP LLC

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

City, Florida

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<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.)*

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.)

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.

(b) The 90th day after the record is filed.

(b) The 90th day after the record is filed.

Dated

April 2 2019
Signature of a member or authorized

Signature of a member or authorized representative of a member

Cecil Wilson

Typed or printed name of signee