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(R	lequestor's Name)	
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SUBJEC		NU DIREC	TION GROUP, LLC						
SCHILL	~1· .		Name of Lin	ited Liability Company			_		
The encle	osed	Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please re	tum :	all correspo	ndence concerning this matter	to the following:					
			Craig McCray						
				Name of Person					
				Firm/Company				2	
			1560 Crown St.					521 HA	G-27"
			-	Address				Y -5	65 - 154 • - 15
			Clearwater, Fl 33755				ب .	F:	, . , .
			c1raig2000@gmail.com	City/State and Zip Co				2:13	6.31
For furthe	er ini	formation c	oncerning this matter, please e		шан героп поинс	ationj			
Craig Mo	eCray	,		727 at ()	515 2252				
Name of Person			f Person	Area Code	Daytime 1	Felephone Nur	nber	_	
Enclosed	is a	theck for th	c following amount:						
■ \$25. 0	0 0 F i	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing F Certified Copy (additional copy is	,	Certi	O Filing For ficate of S fied Copy onal copy is	tatus &	
]]]	Regi Divi P.O.	ing Addressistration S sion of C Box 632 ahassee, F	ection orporations 7	Regi Divis The 9 2415	LAddress: stration Secti sion of Corpo Centre of Tal N. Monroc S thassee, FL 3	orations Ilahassee Street, Suit	e 810		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NU DIRECTION GROUP, LLC.

TO BIRDE HOLL GROOT, ELEC					
(<u>Name of the Limited Lia</u> (A Flo	<u>bility Compar</u> rida Limited L	ny as it now appears on our rect lability Company)	ords.)		
The Articles of Organization for this Limited Liability Florida document number L19000086907	y Company ·	were filed on March 29, 2019		ane	d assigned
This amendment is submitted to amend the following	:				
A. If amending name, <u>enter the new name of the l</u>	<u>imited liabi</u>	lity company here:			
NU DIRECTION Music Studio LLC					
he new name must be distinguishable and contain the words "I	limited Liabili	ty Company," the designation "L	LC" or the abb	reviatio	n "L.L.C."
Enter new principal offices address, if applicable:		1560 Crown St.			
Principal office address MUST BE A STREET AD	nees address, it applicable:				
			-4 E	202	
Enter new mailing address, if applicable:			242 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	- Mill	eran Villa Linear
Mailing address MAY BE A POST OFFICE BOX)				0.1	9
			777 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		**
B. If amending the registered agent and/or registe agent and/or the new registered office address here	red office a	ddress on our records, <u>ent</u>	er the name	of the	new registe
Name of New Registered Agent: Cra	ig McCray				
New Registered Office Address: 156	0 Crown St.				
		Enter Florida street addi	ress		
Cle	arwater	,	337.	55	

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

Zip Code

If ame ading 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>	Address	Type of Action
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Tective date, if other to an effective date is listed, the ote: If the date inserted is occurrent's effective date of record specifies a delayed is filed.	e date must be specifin this block does on the Department	ic and cannot be not meet the ap of State's rec	prior to date o pplicable sta ords.	of filing or mor tutory filing (than 90 days equirements	, this date	will not	be listed
		202	1					
Craig McCray	30 : Grie	yort	<u>.l</u> .					

Filing Fee: \$25.00