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SELBETARY OF STATE CORPORATION:

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		stration Sect sion of Corpo						
		Double M Mu	isic LLC					
SUBJEC	T:		Name of Lim	ited Liability Company				
The enclo	sed	Articles of A	mendment and fee(s) are sub	mitted for filing.				
Please ret	um	all correspond	lence concerning this matter	to the following:				
			Don Moore					
			Double M Music LLC	Name of Person				
			3196 Deer Chase Run	Firm/Company				
			Longwood, Florida 32779	Address				
			Donmoore777@mac.com	City/State and Zip Code				
			E-mail address: (to be used for future annual re	port notification)			
For furthe	er in	formation con	cerning this matter, please ca	all:			10	
Don Moo	ore			407 375-0	6647		ا <u>ئ</u> ور ش میاه	足器の表現
		Name of P	erson	Area Code	Daytime Telephone Number		ار ص	1800 10 AE 1037
Enclosed	is a	check for the	following amount:				PH 12:	11.S
\$25.0	10 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	sed) Certified	te of Status &	29	ATENS

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

Double M Music LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on May 9, 2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity 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)		9 6
		 D (
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		7 X 29
 If amending the registered agent and/or registered of registered agent and/or the new registered office address here 		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
	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 **Type of Action Title** Name <u>Address</u> Don Moore 3196 Deer Chase Run AMBR Longwood, Florida 32779 **■** Add ☐ Remove _□ Change _□ Add ☐ Remove ☐ Change _ Add □ Remove ☐ Change □ Add _□ Remove □ Change □ Add _□ Remove ☐ Change _□ Add ☐ Remove

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Effective date, if other than the first offective date is listed, the date is	nust be specific and cannot be	prior to date of filing or	more than 90 days after fili	u) ng.) Pursuant to 605.020
Note: If the date inserted in this document's effective date on the	block does not meet the ap Department of State's reco	oplicable statutory fili ords.	ing requirements, this da	te will not be listed a
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