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AUG 12 2020 AUG 12 AUG 12

COVER LETTER

Division of Corpo	rations		
SUBJECT: Slaug	inter Music Name of Lin	mited Liability Company	<u></u>
The enclosed Articles of An	nendment and fee(s) are su	bmitted for filing.	
Please return all corresponde	ence concerning this matte	r to the following:	
	Anal	Name of Person	
		Firm/Company	
	19 b	laine drive	
_	Palm anciloli E-mail address:	Coast Fla City/State and Zip Code Ver @ rocket mail. to be used for future annual report no	32137 Carm
For further information conce			
Anal Ol. Name of Per	son	at (<u>754</u>) <u>779</u> - Area Code Daytin	- 3\52 ne Telephone Number
Enclosed is a check for the fo	Howing 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			

TO:

Registration Section

Mailing Address:
Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u>SLAUGHTER</u>	MUSIC GROUP.	11C E
(Name of the Limited Liability (A Florida L	Company as it now appears on our recor imited Liability Company)	ds.)
The Articles of Organization for this Limited Liability Con-	npany were filed on <u>07/01</u>	2019 and assigned !!
Florida document number		The state of the s
SLAUGHTER (Name of the Limited Liability (A Florida L The Articles of Organization for this Limited Liability Con Florida document number		3.1.4
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	7 440	
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	SS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
,		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>enter</u>	the name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
Name of New Registered Agent:		
New Registered Office Address:	······································	
	Enter Florida street address	•
	, Flo	orida
	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 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>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
		-	[]Change
.			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Remove
			Change
			□Add
			□ Remove

	<u>.</u>
	
·**	
ctive date, i	if other than the date of filing: (optional)
effective date i	is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0
ument's effec	inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed tive date on the Department of State's records.
	and and are partition of state 3 records.
cord specifies	a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t
filed.	
ed	June 20.30.
	Signature of a member or authorized representative of a member
	Typed or printed name of signee
	Turned as printed name of simon

Filing Fee: \$25.00