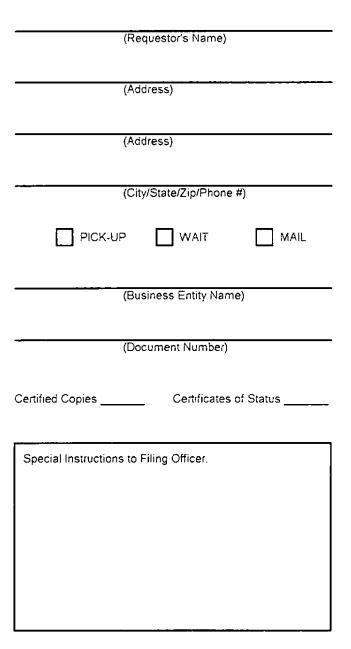
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COVER LETTER

| | Registration Se Division of Cor | | | |
|------------|------------------------------------|----------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| er n ire | | AGAZINE, LLC | | |
| SUBJEC | 1: | Name of Limi | ited Liability Company | |
| The enclo | osed Articles of . | Amendment and fee(s) are sub- | mitted for filing. | |
| Please ret | urn all correspo | ndence concerning this matter | to the following: | |
| | | Franz Hilberath | | |
| | | | Name of Person | |
| | | | Firm ² Company | |
| | | 119 Poinciana Lane | | |
| | | | Address | - |
| | | Largo, FL 33770 | | |
| | | | City/State and Zip Code | |
| | | franzmp3music@gmail.com | to be used for future annual report not | (Figurian) |
| For furth | er information c | oncerning this matter, please of | | incanon) |
| Franz Hi | Iberath | | 727 8717878 at () | |
| | Name o | f Person | Area Code Daytin | ne Telephone Number |
| Enclosed | is a check for th | ne following amount: | | |
| ■ \$25.9 | 00 Filing Fee | ☐ \$30.00 Filing Fer & 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 Addres Registration S | | <u>Street Address:</u> Registration Se | ection |
| | Division of C | Corporations | Division of Co | rporations |
| | P.O. Box 632 Tallahassee, l | | The Centre of 7 | Tallahassee oe Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| MP3DU MAGAZINE, LLC | | | | |
|--------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------|--|--|
| (<u>Name of the Limited Liability (</u> (A Florida Li | Company as it now appears on our remitted Liability Company) | ords.) | | |
| The Articles of Organization for this Limited Liability Com Florida document number <u>L19000222794</u> | npany were filed on 09/03/2019 | and assigned | | |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limited | d liability company here: | | | |
| MP3 MAG 、LL C | | | | |
| The new name must be distinguishable and contain the words "Limited | d 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 ADDRES | <u>SS)</u> | | | |
| | | | | |
| | | m 11 | | |
| Enter new mailing address, if applicable: | | F | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | <u> </u> | | |
| | | :SI | | |
| | 4.1 | 20 | | |
| B. If amending the registered agent and/or registered o agent and/or the new registered office address here: | office address on our records. <u>en</u> | ter the name of the new regist | | |
| Name of New Registered Agent: | | | | |
| New Registered Office Address: | | | | |
| | Enter Florida street address | | | |
| | | , Florida | | |
| • | 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, <u>enter the title</u>, <u>name</u>, and <u>address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------|---------|----------------|
| | | | □Add |
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| reffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 ter. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a nument's effective date on the Department of State's records. The specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the stilled. | | | | | <u></u> |
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