# L19000250591

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# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Rame of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Person
LE Musi Productions (1)
SUS MU 97th AUC Address
City/State and Zip Code  City/State and Zip Code  LP Music Productions L/Co Conc., Con  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (GGL) 729-5418  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:  \$25.00 Filing Fee \( \begin{array}{c} \sum \$30.00 \) Filing Fee & \( \begin{array}{c} \sum \$55.00 \) Filing Fee & \( \begin{array}{c} \centificate \text{ of Status} \\ \text{ certified Copy} \\ \text{ (additional copy is enclosed)} \end{array} \)  \$60.00 \text{ Filing Fee, } \( \begin{array}{c} \begin{array}{c} \sum \$60.00 \text{ Filing Fee, } \\ \text{ Certified Copy} \\ \text{ (additional copy is enclosed)} \end{array} \]

## 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

(A Florida Limited Liability Comp	001/01/	14	and assigned
lorida document number 19(00) 91	· · ·	,	
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited liability compa	ny here:		
ne new name must be distinguishable and contain the words "Limited Liability Company."	the designation "LLC"	or the abb	reviation "L.I.C."
nter new principal offices address, if applicable:	the designation 1317e	or are also	ic viation 13.13.C.
Principal office address MUST BE A STREET ADDRESS)	<u> </u>	221	<del></del>
- The state of the	20	No	
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nter new mailing address, if applicable:		יר : ד	m
Aailing address MAY BE A POST OFFICE BOX)	ြုံ တ <del>ုံ</del>		G
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	s on our records.	enter t	he name of the i
If amending the registered agent and/or registered office addres	, an an ittoran,		
	, ,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
If amending the registered agent and/or registered office address gistered agent and/or the new registered office address here:  Name of New Registered Agent:			

### 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

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>	Address	Type of Action
AMER	Linten Rome	50.5 New 97th Ave Danta	   <u> </u>    Add
		FI 33324	Remove
			Change
	·		Add
			Remove
			Change
			Add
			□ Remove
			Change
			Add
			Remove
			Change
			🖸 Add
			Remove
			Change
			D Add
			□ Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)  Add EN 84-3449075
Add Env Brising
<del></del>
<del></del>
E. Effective date, if other than the date of filing:
If the record 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 record is filed.
Dated November 3rd 2019. Linten R.
Signature of a member or authorized representative of a member

D.

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Typed or printed name of signee

Filing Fee: \$25.00