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COVER LETTER

	ition Section of Corporations	, j	
SUBJECT:	Big Stepper 1	MUSIC Grouph	·· C
The enclosed Arti	cles of Amendment and fee(s) are subm	itted for filing.	
Please return all o	orrespondence concerning this matter to	the following:	
	ETZer	Louis	
		Name of Person	
	Bigstepp	DUC MUSIC 900 Firm/Company	uplic
	701 NW	210+n St AP	+ #3615
	<u> wiami</u>	City State and Zip Code OUS: Carcol G G Mes be used for future annual report notif	3169
	Big Stepper	<u> 10 S. CACCRÓ GMA</u> be used for future annual report notif	vication)
For further inform	ation concerning this matter, please call	:	
E +zer	- Louis	at (305) 923 Area Code Daytime	2857
:	Name of Person	Area Code Daytime	Telephone Number
Enclosed is a chec	k for the following amount:		
□ \$25.00 Filing	Fee S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed)

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

BigSteppermus	516910UP LLC MAR 18 AH 6:54
(<u>Name of the Limited Liability</u> (A Florida l.	CompanyOs it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Cor Florida document number <u>L1900 29400 C</u>	impany were filed on $\frac{12/2/19}{4}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited Big Stepper World wide The new name must be distinguishable and contain the words "Limited".	4 :
Enter new principal offices address, if applicable:	701 NW 210th St Apt 7/361
Principal office address MUST BE A STREET ADDRE	<u></u>
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:	office address on our records, enter the name of the new registered
Name of New Registered Agent:	ezer Louis
New Registered Office Address: 70	1 NW 2loth St Apt 3615
	Enter Florida street address Ani gardens. Florida 33169 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

MGR = M $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	<u>Name</u>	Address 7 HAR 18 AM 6:54	Type of Action
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ective date, if other the effective date is listed, the c	an the date of filing: fate must be specific and cannot be p	rior to date of filing or more the	(optional) han 90 days after filing.) Pursuant to 605.0207
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ecord specifies a delayed of	effective date, but not an effective	e time, at 12:01 a.m. on th	ne earlier of: (b) The 90th day after the
s filed.			
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	Signature of a member or of	athorized representative of a	member
		<u> </u>	
	Etzer Lou		