

L20000010930

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

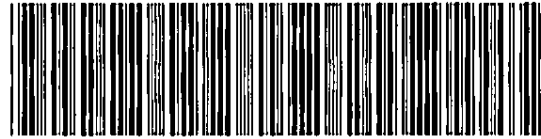
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400341347304

400341347304  
02/28/20--01016--002 \*\*25.00

FILED  
2020 FEB 28 AM 10:52  
SECT. 101  
TALF.

20 FEB 28 2020 12:09

V. S. H. W. P.  
FEB 28 2020

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Black art Genius Music Entertainment LLC  
Name 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:

De'Niro Dooley  
Name of Person

Black art Genius Music Entertainment  
Firm/Company

810 Wadsworth St Apt 305 A  
Address

Tallahassee FL  
City/State and Zip Code

Deniro dooley@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

De'Niro Dooley at ( 813 ) 863-5123  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional 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

Black Art Genius Music Entertainment LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

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)**

810 Wadsworth St

Ad 305 A

Tallahassee Fl 31304

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

810 Wadsworth St

ARJ-305A

19th May 1937

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**


Name of New Registered Agent:

De'Niro Rooney

**New Registered Office Address:**

810 Wadsworth St Apt 305 A

Enter Florida street address

Tullahassep 

City

## Florida

37304  
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**

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGB	Déniro Dooley	80 Wadsworth St Apt 302A	<input type="checkbox"/> Add
		Tallahassee Fl, 32304	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
A			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective 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 605.0207 (3)(b)

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 02/28/2020, \_\_\_\_\_

Signature of \_\_\_\_\_

Signature of a member or authorized representative of a member

De Niro Dooley

Typed or printed name of signee

**Filing Fee: \$25.00**