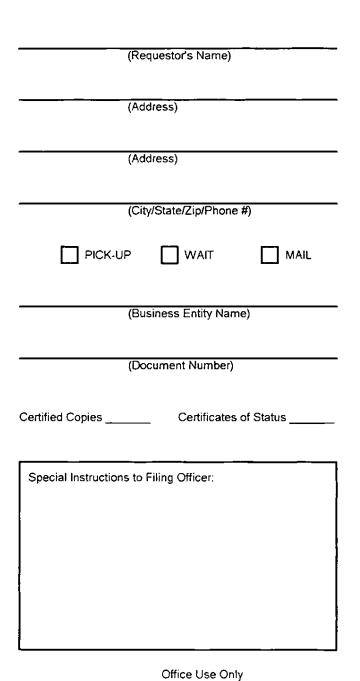
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O SIMMONS MAY 27 2020

## **COVER LETTER**

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TO: Registration of Division of	on Section Corporations	
SGMU SUBJECT:	JSIX MULTI MEDIA PUBLISHIN	IG AND DISTRIBUTION LLC
SUBJECT:	Name of Lin	nited Liability Company
The enclosed Article	es of Amendment and fee(s) are sub	omitted for filing.
Please return all cor	respondence concerning this matter	to the following:
	MICHELLE WHITEHEA	D
		Name of Person
	SGMUSIX MULTI MED	IA PUBLISHING AND DISTRIBUTION LLC
		Firm/Company
	115 INLET WAY APT 15	i
		Address
	PALM BEACH SHORES	FL, 33404
		City/State and Zip Code
	MICHELLEWHITEHEAD	0247@YAHOO.COM (to be used for future annual report notification)
Une forther information	tion concerning this matter, please of	•
MICHELLE WHIT		561 250-2329 at ()
N	ame of Person	Area Code Daytime Telephone Number
Enclosed is a check	for the following amount:	
<b>■</b> \$25.00 Filing F	ce □ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)
Division P.O. Box	ion Section of Corporations	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

SGMUSIX MULTI MEDIA PUBLISHING	AND DISTRIBUTION LLC	
( <u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our record a Limited Liability Company)	<u></u>
The Articles of Organization for this Limited Liability Organization for this Liability Organization f	Company were filed on FEBRUARY 25.	2020 and assigned
This amendment is submitted to amend the following:	'	
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		r the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	ove.
	Emer Pioriai Sireei aaure	na e
	, F	lorida
	CHY	гар Стис

## 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	MICHELLE WHITEHEAD	115 INLET WAY APT 15 PALM BEACH SHORE	
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
		<del></del>	🗆 Remove
			□Change
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			□Remove
			Change
			□Add
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