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PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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## **COVER LETTER**

TO:	Registration Se Division of Cor			
	STRICTLY	BUSINESS NO PLAY ENT.	LLC,	
SUBJI	ECT:	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	·
Please	return all correspo	indence concerning this matter	to the following:	
		Todd D. Chrisp		
			Name of Person	
		NEW FACE MUSIC GRO	OUP, LLC.	
			Firm/Company	
		4856 Archie En.		
			Address	<u> </u>
		Fort Myers, FL 33905		
			City/State and Zip Code	
		tdchrisp@gmail.com		
		E-mail address: (	to be used for future annual report noti	fication)
For fur	ther information c	oncerning this matter, please ca	all:	
	D. Chrisp	•	407 473-8246	
	·		at ()	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclos	ed is a check for th	ne following amount:		
<b>■</b> \$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (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

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STRICTLY BUSINESS NO PLAY ENT, LLC

2021 JAN	29	AHII:	24
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( <u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appears on o Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Compan Florida document number	6/0/2020	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
NEW FACE MUSIC GROUP, LLC.		
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our record	s, enter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	et 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 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 2021 JAN 29 AH 11: 24	Type of Action
		Address 2021 JAN 29 AH 11: 24	□Add
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Tective date, if other than the date an effective date is listed, the date must be spote: If the date inserted in this block document's effective date on the Department.	pecific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (oes not meet the applicable statutory filing requirements, this date will not be listed as t
ecord specifies a delayed effective date is filed.	e, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
January 20 ted	2021
	eld D Chip
Signa Todd D. Chrisp	iture of a member or authorized representative of a member