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	(Requestor's Name)				
	(Address)				
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	(City/State/Zip/Phone #)				
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-	(Business Entity Name)				
(Document Number)					
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## **COVER LETTER**

Registration Section Division of Corporations

TO:

	isic Source, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JUNIOR BROWN		
		Name of Person	<del>-</del>
		Firm/Company	
	9451 GRANITE RIDGE L	ANE	
		Address	
	WEST PALM BEACH, F	L 33411	
		City/State and Zip Code	
	turfgorilla@gmail.com		
	E-mail address: (	to be used for future annual repor	t notification)
For further information of	concerning this matter, please c	all:	
JUNIOR BROWN		561 352-46	42
Name o	of Person	Area Code D	aytime Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 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 Addre Registration Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	The Centre 2415 N. Mo	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ENDLESS MUSIC PUBLISHING, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_\_ \_\_\_\_ and assigned Florida document number 1.20000318165 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Gorilla Music Source, LLC 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address:

## 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

Enter Florida street address

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
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			□Remove
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Effective date, if other	than the date of filing:		(optional)	
(If an effective date is listed, the Note: If the date inserted	he date must be specific and cann	the applicable statutory fi	r more than 90 days after filing.) Purs ling requirements, this date will	suant to 605.0207 (3) not be listed as the
the record specifies a delayer ford is filed.	ed effective date, but not an e	ffective time, at 12:01 a.i	m. on the earlier of: (b) The 900	th day after the
Dated Augu	ust 11 . 2	150		
	Signature of a month	per or authorized represental	ive of a member	

Typed or printed name of signee