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(Reque	estor's Name)	<u> </u>
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COVER LETTER

Tallahassee, FL 32314

TO:	Registration Se Division of Cor			
CHD IE		ION 12 MUSIC LLC		
SUBJEC	ul: <u></u>	Name of Lim	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		SANDRA L CASTELLAN	NOS	
			Name of Person	
		SANDRA L CASTELLAN	Address Clermont, FL 34714 City/State and Zip Code E-mail address: (to be used for future annual report notification) erning this matter, please call: OS SSON Films Fee & Certified Copy (additional copy is enclosed) Street Address: Certified Copy (additional copy is enclosed) Street Address: Registration Section Division of Corporations	
			Firm/Company	
		2494 Southlawn Lane		
			Address	
		Clermont, FL 34714		
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
				tification)
SANDR	RA L CASTELL/	ANOS	at ()	
	Name o	f Person	Area Code Daytii	me Telephone Number
Enclose	d is a check for th	he following amount:		
□ \$ 25	0.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
	Mailing Address Registration	Section		ection
	Division of C P.O. Box 632		Division of Co The Centre of	

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GENERACION 12 MUSIC LLC		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 10/15/2020	and assigned
Florida document number L20000327841		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
MISSION MUSIC LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abb	previation "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 a	address on our records, enter the name	e of the new register
agent and/or the new registered office address here:		2012
		10.5 St. 3.05
Name of New Registered Agent:		
New Registered Office Address:		9 järje 2 järje
	Enter Florida street address	A Section
	, 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 Changing Registered Agent, Signature of New Registered Agent

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>	Name	Address	Type of Action
			🗖 Add .
			□Remove
			□ Change
			□ Add
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ffective date, if other than	the date of filings)7/11/2024		(optional)	
an effective date is listed, the date listed. If the date inserted in the	must be specific and car	nnot be prior to date of	filing or more than 90 d utory filing requireme	ays after filing.) Pursu nts, this date will no	ant to 605.020 ot be listed a
ocument's effective date on the	e Department of State	e's records.			
record specifies a delayed effe t is filed.	ective date, but not an	effective time, at 12	2:01 a.m. on the earlie		
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and	19 Custell	U170£	oresentative of a member		
	Signature of a mer	aber or authorized rer	resentative of a member		= : .
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