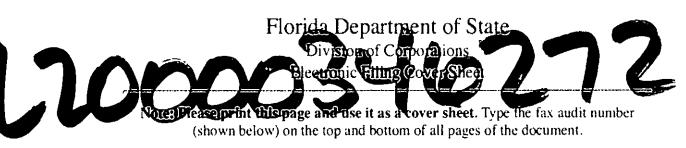
Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our re Liability Company)	xords.)			
The Articles of Organization for this Limited Liability Company Florida document number L20000346272	were filed on	and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company here:				
Listen To This, LLC					
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation	"LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:		2020 HO			
(Principal office address MUST BE A STREET ADDRESS)		ु ना			
	·····				
	Idress, if applicable:				
Enter new mailing address, if applicable:	******				
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our records, <u>c</u> Enter Florida street o				
	Florida				
	Cuy	Zip Code			
New Registered Agent's Signature, if changing Registered Agent:					
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my dutie provided for in Chapter (es, and I am familiar with and 605, F.S. Or, if this document is			

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>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			Rennove
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fective date, if other than the date mest in effective date is listed, the date must bete: If the date inserted in this block-cument's effective date on the Department.	e specific and k does not r	d cannot be pr neet the app	dicable stati	filing or more atory filing re	than 90 days at	otional) ter filing.) Pursu his date will no	ant to 605.0 Of be listed	020 d as
record specifies a delayed effective is filed.	date, but not	t an effectiv	e time, at 12	2:01 a.m. on	the earlier of:	(b) The 90th	day after	the
November, 13th		2020	•					
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Filing Fee: \$25.00