

KZ1 000013054

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

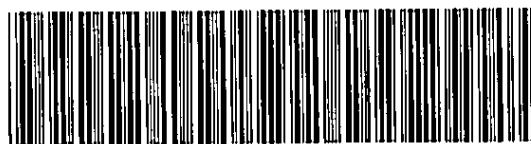
(Document Number)

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S.C.



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2021 MAR -8 P 11:23

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: STEPBACK Music LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Iley Brown  
Name of Person

STEPBACK Music  
Firm/Company

38 South Federal Hwy 10-102  
Address

DANIA BEACH, FL 33004  
City/State and Zip Code

ALANDTHEKIDDSP@Gmail.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Iley Brown at 202 431-2790  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee    ☐ \$30.00 Filing Fee & Certificate of Status    ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$60.00 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

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

STEPBACK MUSIC

(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 12/14/2020 and assigned Florida document number 42100003054

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

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:

ILEY BROWN

38 SOUTH FEDERAL HIGHWAY

DANIN BEACH, 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.*

ILEY BROWN  
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

Title	Name	Address	Type of Action
AMBR	SAMANTHA PEREZ	11801 SW 16TH ST	<input type="checkbox"/> Add
	(SAMANTHA PEREZ)	PEMBROKE PINES FL,	<input checked="" type="checkbox"/> Remove
		33025	<input type="checkbox"/> Change
AMBR	ILCY BROWN	38 SOUTH FEDERAL Hwy	<input checked="" type="checkbox"/> Add
		#10-10E	<input type="checkbox"/> Remove
		DONIX BEACH 33004	<input type="checkbox"/> Change
MGR	SAMANTHA PEREZ	11801 SW 16TH ST	<input checked="" type="checkbox"/> Add
		PEMBROKE PINES FL	<input type="checkbox"/> Remove
		33025	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

**SECRET**

**FALLAH-ROULET ORIFA**

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ED-7

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated FEB 25th, 2021

*Heidi G. Brown*  
Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

I/E-1 Brown

Typed or printed name of signee

**Filing Fee: \$25.00**