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COVER LETTER

TO:

TO: Registration S Division of Co			3	
0.1		JR Records	.,	
SUBJECT:	Name of Lir	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Bevon Hanson			
		Name of Person		
		Firm/Company		
	1316 Fairview Ave Unit 1	• •		
		Address		
	Prattville AL 36066			
		City/State and Zip Code		
	khalewil@gmail.com			
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report no all:	otification)	
Bevon Hanson		561 267-1584		
Name o	f Person	at () Area Code Dayti	me 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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address Registration 9		Street Address:	ection	
Division of Corporations		Registration S Division of Co		
P.O. Box 6327			The Centre of Tallahassee	
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JR Records 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 01/7/2021 Florida document number <u>1.21000020119</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: JR Recordz 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: Enter Florida street address

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.

New Registered Agent's Signature, if changing 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
			□Remove
 			□ Add
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			□Change
			□ Add
			□Remove
			□Change
		-	□Add
	,		□Remove
			□Change
			□Chanar

	
(If an Not)	ctive date, if other than the date of filing:
the record is	filed.
Date	d February 28. 2021.
	Signature of a member or authorized representative of a member
	Bevon Hanson Typed or printed name of signee