## 121000084921

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## **COVER LETTER**

One Soun	d Productions 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:	
	Jalen Rushing		
	<del> </del>	Name of Person	· · · · · · · · · · · · · · · ·
	Oпе Sound Productions	LLC	
		Firm/Company	
	452 Lopez Place		
		Address	
	Clewiston Florida 33440		
	<del></del>	City/State and Zip Code	
	charity.rushing2016@gma		<del></del>
		to be used for future annual report notifica	ation)
For further information of	concerning this matter, please ea	all:	
Jalen Rushing		863 677-4818	
Name o	f Person	at ()	elephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	Gertificate 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

TO:

Registration Section
Division of Corporations

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

One Sound Productions LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Comp	any were filed on February 19,2021	and assigned
lorida document number L21000084921		
this amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited l	liability company here:	
ELITE SOUND MUSIC AGENCY LLC		
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	2)	
		~
Interneus mailing address if annilashlar		
Inter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		10
		5.5
3. If amending the registered agent and/or registered offi	ice address on our records, enter the i	ame of the new registe
gent and/or the new registered office address here:	,	÷.
		·
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	<b>1</b>
	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 Nev	v 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
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		*FYR-F1**	□Remove
			□Change
			🗆 Add
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ective date, if other the offective date is listed, the term of the date inserted interest of the comment's effective date of the date of	date must be speci in this block does	fic and cannot be renot meet the ap	plicable statutor	ng or more than 90 y filing requiren	(optional) days after filing.) Pu cents, this date wil	rsuant to 605,020 I not be listed a
cord specifies a delayed s filed.	effective date, b	ut not an effectiv	ve time, at 12:01	a.m. on the earl	ier of: (b) The 90	)th day after the
MARCH 10	1	2021				
dulla		<del></del> :	· ·			

Typed or printed name of signee