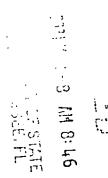
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(Requestor's Name)
(Address)
- (Address)
(City/State/Zip/Phone #)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
· 
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only





## Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 03/8/2021		#WAL	K <i>[N**</i>
ENTITY NAME 3rd Divis	ion Music LLC		
	<u> </u>	-	<del></del>
DOCUMENT NUMBER_			
	**PLEASE FILE THE ATTACHED AND RETURN**		
XXXX	Plain Copy		
	Certified Copy		
	Certificate of Status		
**£	LEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**		
	Certified Copy of Arts & Amendments		
	Certificate of Good Standing		
	**APOSTILLE' / NOTARIAL CERTIFICATION**		
COUNTRY OF DESTINAT		_	
NUMBER OF CERTIFICAT	TES REQUESTED	_	
TOTAL OWED \$25.00	ACCOUNT #: I20160000072		
Please call Tina at th	e above number for any issues or concerns, <b>Thank you</b> so m	ruch!	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3rd Division Music LLC		
( <u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our records, inted Liability Company)	)
The Articles of Organization for this Limited Liability Com	pany were filed on 02/22/2021	and assigned
Florida document number L21000087662		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
3rd Division 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 ADDRES	<u>S)</u>	
		3
Enter new mailing address, if applicable:		`
Mailing address MAY BE A POST OFFICE BOX)		
-		ن د
		至日
B. If amending the registered agent and/or registered		enter the name of the ne
registered agent and/or the new registered office address	s here:	- 15 to
		1.1
Name of New Registered Agent:		
New Registered Office Address:		·· <u>·</u> ····
	Enter Florida street address	
	, Flor	
	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
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<u>Note:</u> If	date, if other than the date of filing: (optional) we 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 60; the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list seffective date on the Department of State's records.	5,0207 ed as
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlied that day after the record is filed.	er of
יכ פווו		
	03 / 07 / 2021	
	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00