

K21 000215305

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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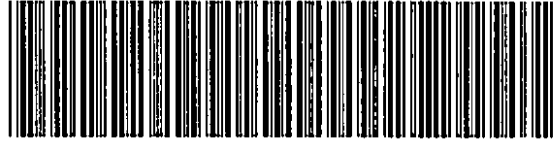
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

7/14/21

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** HXMBLX LXXN Music Group, 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:

Matthew A. Wiley, Esq.

\_\_\_\_\_  
Name of Person

Wiley Etter Doyon, LLC

\_\_\_\_\_  
Firm/Company

97 Washington Avenue, Suite 2

\_\_\_\_\_  
Address

North Haven, CT 06473

\_\_\_\_\_  
City/State and Zip Code

office@farnamstreet.holdings

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FL

For further information concerning this matter, please call:

Sara Celotto

203

446-4725

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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

HXMBLX LXXN Music Group, 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 5/10/2021 and assigned  
Florida document number 1.21000215305.

This amendment is submitted to amend the following:

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

BXLD Group, 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)**

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TALLAHASSEE, FLORIDA

**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*

\_\_\_\_\_, **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.*

**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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Danny Gale Druen, Jr. ✓	1808 James L. Redman Pkwy #385	<input checked="" type="checkbox"/> Add
		Plant City, FL 33563	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Clifford Lee Brown, III ✓	704 Oakland Heights Avenue	<input checked="" type="checkbox"/> Add
		Plant City, FL 33563	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Clifford Lee Brown, III ✓	704 Oakland Heights Avenue	<input checked="" type="checkbox"/> Add
		Plant City, FL 33563	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Shorne S. Callahan ✓	17767 Tropical Cove Drive	<input checked="" type="checkbox"/> Add
		Tampa, FL 33647	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Shorne S. Callahan ✓	17767 Tropical Cove Drive	<input checked="" type="checkbox"/> Add
		Tampa, FL 33647	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Nicholas Herbert ✓	1512 Glendale Street	<input checked="" type="checkbox"/> Add
		Lakeland, FL 33803	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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STATE OF FLORIDA

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Nicholas Herbert ✓	1512 Glendale Street	<input checked="" type="checkbox"/> Add
		Lakeland, FL 33803	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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STATE OF FLORIDA

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CLERK OF STATE  
JULIA A. STEIN

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CLERK OF DISTRICT COURT  
STATE OF TEXAS  
COUNTY OF DALLAS

**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.

Dated June 11 2021

Signature of a member:

Signature of a member or authorized representative of a member

Danny Gale Druen, Jr.

Typed or printed name of signee