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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, ,
(Document Number)
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SECRETARY OF STATE

COVER LETTER

TO:	Registration Se Division of Cor		•	•
SHRIE	PLAYER N	TADE MUSIC LLC		
SUBJE	CT:	Name of Lin	nited Liability Company	7.0
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		AARON W SIMMONS		
			Name of Person	
			Firm/Company	
		1471 22ND ST UNIT 104		
			Address	
		SARASOTA, FL 34234		
			City/State and Zip Code	
		playersociety99@gmail.com	n to be used for future annual report notif	
For furti	ner information ec	oncerning this matter, please co	·	reation)
AARO!	W SIMMONS		941 336-2929 ar ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	l is a check for th	e following amount:		
≡ \$25.	.00 Filmg Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

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

PLAYE	ER MA	OE N	IUSIC.	LLC
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(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

lompany were file	ed on 11/11/2021	and assigned		
·				
ited liability com	pany here:			
ited Liability Compa	ny," the designation "LLC" or	the abbreviation "L.L.C."		
3741 S	3741 SW 270TH STREET APT C			
RESS) HOME	HOMESTEAD, FL 33032			
				
3741 S	3741 SW 270TH STREET APT C			
HOME	HOMESTEAD, FL 33032			
d office address o	n our records, enter the	name of the new registered		
J RAMCHANDAN	[[
STATE RD 7				
1				
TATION	, Florid	la ³³³¹⁷		
City		Zip Code		
	ited liability comparised Liability Comparised Liability Comparison 3741 Street	ited liability company here: 3741 SW 270TH STREET APT CHOMESTEAD, FL 33032 40MESTEAD, FL 33032 3741 SW 270TH STREET APT CHOMESTEAD, FL 33032 4 office address on our records, enter the chomester address of the company here: Enter Florida street address TATION City Florida		

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.

> mil Ramelandani 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>	Type of Action
			□Add
			□Remove
			□Change
			□Add
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ective date, if other than the d	ate of filing	:			(option	al)	
n effective date is listed, the date must b	e specific and o	cannot be prior	to date of filing	or more than 9	0 days after til	ing.) Pursuant te	
cument's effective date on the Dep							
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ecord specifies a delayed effective of is filed.	iate, but not a	in effective ti	me, at 12:01 c	i.m. on the ea	rtier of: (b)	The 90th day	after the
MARCH 15	<u> </u>	2023	·				
	Ring	Even	orized represent				
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