Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	Division of Corporations Fax Number : (850)617-6383	SACI DEC
From:		[]
	Account Name : REGISTERED AGENTS INC.	ŧ.
	Account Number : I20090000081	<u> </u>
	Phone : (307)200-2803 Fax Number : (855)330-1010	<u> </u>
	Fax Number . (655)550°1010	Ö
		_
*Enter	the email address for this business entity to be used for future	~
*Enter	the email address for this business entity to be used for future nual report mailings. Enter only one email address please.**	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ZEEN MUSIC PRODUCTION LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ZEEN MUSIC PRODUCTION LLC		PEN DEC
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) d Liability Company)	그 유로
The Articles of Organization for this Limited Liability Compan Florida document number L21000515521	ny were filed on <u>12/06/21</u>	and assigned assigned and assigned assigne
This amendment is submitted to amend the following:		17
A. If amending name, enter the new name of the limited lia	bility company here:	
ZEEN MUSIC PRODUCTIONS LLC		
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the a	bbreviation "L.1C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		. <u></u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	411	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>enter the nar</u>	ne of the new registered
Name of New Registered Agent:	ar //dati-sii	
New Registered Office Address:	Enter Florida street address	
	, Florida _	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agen	ıt:	

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>	Address	Type of Action
AMBR	DAMETRI DALE	7901 4TH ST N STE 300	[X Add
		ST. PETERSBURG, FL 33702	□Remove
			□Change
AMBR	ANTHONY DAVIS JR	7901 4TH ST N STE 300	⊠ Add
		ST. PETERSBURG, FL 33702	□Remove
			□Change
			□Add
			□Remove
			□Change
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			□Change

D. If amending any other information	, enter change (a) merer (, man			
				
Martin Committee				
	A			
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E. Effective date, if other than the date (If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depart	specific and cannot be prior to date of fi does not meet the applicable statut	(opt iling or more than 90 days after tory filing requirements, th	r filing.) Pursuant to 605.020)7 (3)(b) is the
If the record specifies a delayed effective da record is filed.	ite, but not an effective time, at 12:	01 a.m. on the earlier of: (b) The 90th day after the	2
Dated December 14	2021			
	nature of a member or authorized repre			
Sig	nature of a member or authorized repre	esentative of a member		
Morgan Noble	Typed or printed name of		<u> </u>	

Filing Fee: \$25.00