122000125146

(Re	questor's Name)	
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(Cit	y/State/Zip/Phon	ue #)
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22 APR 21 PN 1: 07

T. MATTHEWS
JUN -7 2022

COVER LETTER

P.O. Box 6327

Tallahassee, FL 32314

TO:	Registration Sec Division of Corp			
CHDIE		PLE NATION RECORDS		
SUBJE	CI:	Name of Limi	ted Liability Company	
The enc	losed Articles of A	Amendment and fee(s) are sub-	nitted for filing.	
Please r	return all correspor	ndence concerning this matter	to the following:	
		Jamal C. Wright, Esq.		
			Name of Person	
			Firm/Company	
		50 Gillett St., Suite C4		
			Address	
		Hartford, CT 06105		
			City/State and Zip Code	·
		atticusfinch2000@aol.com E-mail address: (t	o be used for future annual report n	otification)
For furt	her information co	oncerning this matter, please ea	11:	
Jamal C	C. Wright, Esq.		860 200-8874	
	Name of	Person	Area Code Dayt	ime Telephone Number
	d is a check for the	e following amount: \$\overline{\ove	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Oi	Mailing Address Registration S		Street Address:	inction
	Division of Co		Registration S Division of C	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT

ARTICLES OF ORGANIZATION OF

STAR PEOPLE NATION RECORDS

22 APR 21 PH 1:07

(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 March 11, 2022 ____ and assigned Florida document number ______122000125146 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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) 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 <u>__</u> City

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 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 Thomas Winkler		311 Stuyvesant Ave, Brooklyn, NY 11233	□∧dd
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Tective date, if other than the on effective date is listed, the date material of the date inserted in this bocument's effective date on the I.	lock does not med	et the applicable				
record specifies a delayed effecti is filed.	ve date, but not ar	n effective time,	at 12:01 a.m. on t	he earlier of: (b)	The 90th day after t	he
ated May 5	·	2022	ø	,	0	
·	Zu	el (W	y of		
	Signature of a me	moer of authorize	represent five of a	therefor		

Filing Fee: \$25.00