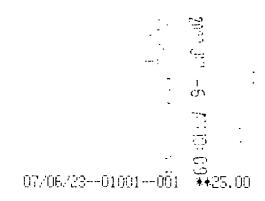
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	(Requestor's Name)	
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	(City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
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	(Document Number)	* • • •
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Special Instructions to	Filing Officer:	
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COVER LETTER

TO: 1	Registration Division of C	Section orporations		
SUBJEC	S Bulloci	Music Entertainment LLC		
		Name of L	imited Liability Company	<u></u>
The enclo	sed Articles o	of Amendment and fee(s) are su	abmitted for filing.	
Please reti	ırıı aji corresi	oondence concerning this matte	er to the following:	
		Samuel L Bullock		
			Name of Person	
		S Bullock Music Entertai	nment LLC	
			Firm/Company	
		PO Box 871		" t
			Address	
		Silver Springs, FL 34489		,
		sbullock21@icloud.com	City/State and Zip Code	
For further	information (E-mail address: concerning this matter, please o	(to be used for future annual report notification)	
Samuel L I		<u> </u>	813 .601-4889	
	Name o	of Person	Area Code Daytime Telepho	one Number
Enclosed is	a check for t	he following amount:		
■ \$25.00	Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Re Di P.(gistration S vision of C D. Box 632 llahassee, F	Section orporations 7	Street Address: Registration Section Division of Corporation The Centre of Tallahase 2415 N. Monroe Street	see

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

S Bullock Music Entertainment L	LC	
(Name of the Lim	ited Liability Company as it now appears on our (A Florida Limited Liability Company)	r records.)
The Articles of Organization for this Limited	Liability Company were filed on June 26, 2	023 and assigned
Florida document number L23000306404	 .	
This amendment is submitted to amend the fol	llowing:	
A. If amending name, enter the new name	of the limited llability company here:	
The new name must be distinguishable and contain the	words "Limited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
		<u> </u>
		,
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	BOX	
•		
		·.a
B. If amending the registered agent and/or agent and/or the new registered office addr	registered office address on our records, ess here:	enter the name of the new registe
Name of New Registered Agent:	Samuel L Bullock	
New Registered Office Address:		
	Enter Florida stree	t 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>	Address	Type of Action
MGR	Samuel L Bullock	5011 NE 15TH PL Ocala, FL 34470	□Add
			□Remove
			■ Change
			□ Add
			□Remove
			Change
			□Add
			□Remove
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ective date, if other than the effective date is listed, the date mule: If the date inserted in this burnent's effective date on the I	st be specific and cannot be prior to date of filin lock does not meet the applicable statutors	(optional) og or more than 90 days after filing.) Pursuant to 605.02 y filing requirements, this date will not be listed
ord specifies a delayed effecti filed.	ve date, but not an effective time, at 12:01	a.m. on the earlier of: (b) The 90th day after the
ed	2023	
\mathcal{A}_{z}	11 1 7 1	
- Warn	Signature of a member or authorized represen	ntative of a member