## L240000007246

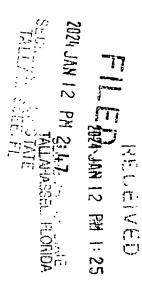
(Requestor's Name)
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(Document Number)
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## **COVER LETTER**

TO: Registration Sec Division of Corp	tion orations		
SUBJECT:	Big Fro Mus Name of Limi	SIC Group 14C	
The enclosed Articles of A	amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
		Q West 1 Name of Person	
	Big_Fro	MUSIC LLC Firm/Company	
	460 Jefferso	Address	
	Deerfield Be	City/State and Zip Code	<del></del> -
	Mikewest 9540 E-mail address to	YGhOO, COm to be used for future annual report non-	ication)
For further information co	neerning this matter, please ca		
Michael Q. We Name of	25 È Person	at ( <u><b>\$61</b></u> ) <u>303 - 7</u> 6 Area Code Daytime	5) 3 Telephone Number
Enclosed is a check for the	-		
1.7 \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy tadditional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 l'allahassee, 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 FILED OF

2024 JAN 12 PM 2: 47 Big Fro Music Group LL.C.

(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  $\frac{1}{3}$ /2024 and assigned Florida document number 12400007246. 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 "LLC." 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: Michael O. West Name of New Registered Agent: 460 Tefferson Dr Apt. 205
Enter Florida street address New Registered Office Address:

## 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.

Mule. July If Changing Registered Agent, Signature of New Registered Agent

Deerfield Beach, Florida 33442

Conv. Zip Code

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	Michael O. West	460 Jefferson Dr. 19+205 Deer field Beach, FL 33442	_ EAdd
			□Remove
			□Change
- · · · · ·			🗆 Add
			□Remove
			Change
			DAdd
			□Remove
			Change
	<del></del>	· · · · · · · · · · · · · · · · · · ·	🗆 Add
			□Remove
			Change
		****	🗀 Add
			DChange
			UAdd
			□Chanan

lfan el <u>Note:</u>	ive date, if other than the date of filing:  (optional)  (optional
e reco rd is f	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; (b). The 90th day after the led.
Dated	Mab. Must Signature of a member or authorized representative of a member
	1 Ma B 1 1 12 A

Filing Fee: \$25.00