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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: ALBER TAX ACCOUNTANT Account Name

Account Number : I20150000098

Phone

: (305)713-9142

Fax Number

: (815)550-9948

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WORLD MUSIC SCHOOLS LLC

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Electronic Filing Menu

Corporate Filing Menu

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K. SALY OCT 1 5 2018 To.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WORLD MUSIC SCHOOLS LLC			
(Name of the Limi	ted Liability Company as it now (A Florida Limited Liability Com	appears on our records.) ipany)	
The Articles of Organization for this Limited L Florida document number £16000099057	iability Company were filed	on <u>05/20/2016</u>	and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liability comp	any here:	
The new name must be distinguishable and contain the	vords "Limited Liability Company	y." the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applie	able:		
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable:	Name and the Publisher		
(Muiling address MAY BE A POST OFFICE	<u>BOX</u>)		
B. If amending the registered agent and registered agent and/or the new registered of	or registered office addr	ess on our records, <u>en</u>	ter the name of the пе
Name of New Registered Agent:	SALOM CRESPO, JESUS	S G	
New Registered Office Address:	4219 NW 107TH AVE		<u> </u>
	ы	nier Florida street address	
	МІАМІ	, Florida	33178
	Ciọ		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

_D 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 Type of Action <u>Address</u> Title Name VIVAS, REINALDO 4219 NW 107TH AVE MGR **⊞** ∧dd DORAL, FL 33178 _ 🖸 Remove _ Change _□ Add

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	09/11/2018 (antional)
ective date, if other than the da reflective date is listed, the date must be	e specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207
te: If the date inserted in this block cument's effective date on the Depar	k does not meet the applicable statutory filing requirements, this date will not be listed as artment of State's records.
·	
record specifies a delayed ef	effective date, but not an effective time, at 12:01 a.m. on the earlier of
he 90th day after the record	d is filed.
SEPTEMBER II	2018
<u>.</u>	——· —— ()()()
	gnature of a member or authorized representative of a member
Sig	Summe or a member of ammorized relicementative of a member

Page 3 of 3

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