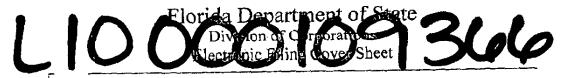
Division of Corporations



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(((H16000315199 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

: FOREMAN & COMPANY, INC. Account Name

Account Number : 120000000219

Phone

: (954)752-2174

Fax Number

: (954)603-1075

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

Email Address: AZUSABIES @ YAHOO. COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN OPUS MUSIC INSTITUTE, LLC.

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SUBJECT:

à ..

Registration Section Division of Corporations

H160003151993

COVER LETTER			
OPUS MUSIC INSTITUTE, LLC			
Name of Limited Liability Company			

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

AZUSA BIES
Name of Person
OPUS MUSIC INSTITUTE, LLC
Firm/Company
7185 BOBLINK COURT
Address
LAKE WORTH, FL 33467
City/State and Zip Code
azusahbies@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AZUSA BIES	716	785-1787
Name of Person	Area Code	Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee □ \$30

🖾 \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filling Fee & Certified Copy (additional copy is enclosed)

☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

H 16000315 1993

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	OPUS MUSIC INSTITUTE,	LLC			
(Name of the Limit	ed Liability Company as il now (A Florida Limited Liability Con	angears of our (npany)	ecords.)		
The Articles of Organization for this Limited Life Florida document numberL10000109360		on OCTO	BER 19, 2010	and assign	ed
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name o	the limited liability comp	any here:			
The new name must be distinguishable and contain the v	vords "Limited Liability Company	y," the designation	"LLC" or the abbres	viation "L.L.C	* 117
Enter new principal offices address, if applic	able:			<u></u>	
(Principal office address MUST BE A STREET ADDRESS)				<u> </u>	
				<i>:</i>	<u> </u>
	-			1	- RE
Enter new mailing address, if applicable:				-	Car
(Mailing address MAY BE A POST OFFICE BOX)					
THE HOLD BOND TO SERVICE	<u> </u>				<u> </u>
B. If amending the registered agent and registered agent and/or the new registered of		ress on our re	ecords, enter the	e name of	the new
Name of New Registered Agent:	AZUSA BIES		······································		
New Registered Office Address:	7185 BOBLINK COURT				
	E	nter Florida street	address		
	LAKE WORTH		, Florida <u></u>	·	
	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

H 16000 315 199 3

If amending Authorized Person(s) anthorized to manage, enter the title, name, and address of each person being added or removed from our records:

	uthorized Member		Towns of Assis
<u>lile</u>	<u>Name</u>	Address	Type of Actio
MBR	MICHAEL BIES	516 HERON GLEN DR	
		COLUMBIA, SC 29229	☐ Remove
			Change
			□ Add
			□ Rænove
			☐ Change
			D Add
			Change
			Add
			□ R#nove
			Change
			27
			□ Remove
<u>.</u>			
			Remove
			Change

H 16000 315199 3

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

		
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document a entective date on the Dep	e specific and cannot be prior to date of filing or more than 90 da k does not meet the applicable statutory filing requirement artment of State's records.	
DECEMBER 13	2016	
Dated DECEMBER 13	2016	
	husalles	
31	gnature of a member or authorized representative of a member	
	AZUSA BIES	<u>.</u>
	Typed or printed name of signee	3
		27
	Page 3 of 3	
	Filing Fee: \$25.00	

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