N13000131106

(Re	equestor's Name)	
(Ac	ldress)	
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V	,	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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(Do	ocument Number)	<u>-</u>
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FLORIDA DEPARTMENT OF STATE Division of Corporations

November 8, 2021

MEGAN J. BAKER 2951 LYDIA ST. APT. #4 JACKSONVILLE, FL 32205

SUBJECT: MJBAKER MUSIC, LLC.

Ref. Number: L13000131106

We have received your document and check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

P20000036957- OLUCHI DALMAR, INC.

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Silas Regulatory Specialist II

Letter Number: 821A00027193

1021 How 11 by 5:28

www.sunbiz.org

November 16, 2021

Florida Department of State
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 23203

SUBJECT: MJbaker Music, LLC. Ref Number: L13000131106

To Whom It May Concern,

My name is Megan J. Baker, owner of Oluchi Dalmar, Inc. #P20000036957. I dissolved the corporation in September 2021. I am not planning to revoke the dissolution and I am releasing the name to the new LLC.

Sincerely, Megan J. Baker

COVER LETTER

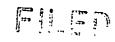
Tallahassee, FL 32314

	istration Sec sion of Corp				
SUBJECT:	MJbaker Mt	isic, LLC.			
SUBJECT		Name of Limit	ed Liability Company		-
The enclosed	Articles of A	Amendment and fee(s) are subn	nitted for filing.		
Please return	all correspor	ndence concerning this matter to	the following:		
		Megan J. Baker			
			Name of Person		
		MJbaker Music, LLC.			
			Firm/Company		_
		2951 Lydia St. Apt.# 4			
			Address		
		Jacksonville, FL, 32205			
		- L. Li dalamadla Camail assu	City/State and Zip Code		_
		oluchi.dalmarllc@gmail.com E-mail address: (to	be used for future annual repo	ort notification)	-
For further in	formation co	oncerning this matter, please cal	1:		
Megan J. Bal	кег		904 333-78	389	
	Name of	Person		Daytime Telephone Numl	ber
Enclosed is a	check for th	e following amount:			
□ \$25.00 F		\$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	Certifi d) Certifi	Filing Fee, cate of Status & ed Copy nal copy is enclosed;
Reg	ling Address gistration S		<u>Street Addr</u> Registratio Division o		
). Box 632			e of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



MJBAKER MUSIC, LLC.

2021 NOV 17 AH 10: 00

(Name of the Limi	ted Liability Compa (A Florida Limited	iny as it now appears on our i Liability Company)	records.): URETY AVIOTE STATE	
The Articles of Organization for this Limited I. Florida document number $\frac{L13000131106}{L13000131106}$			and assigned	
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name of	of the limited liab	ility company here:		
OLUCHI DALMAR, LLC.				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		2951 Lydia St., Apt.4, Jacksonville, FL 32205		
(Principal office address MUST BE A STREE				
Enter new mailing address, if applicable:		2951 Lydia St., Apt.4, Ja	cksonville, FL 32205	
(Mailing address MAY BE A POST OFFICE BOX)				
				
B. If amending the registered agent and/or agent and/or the new registered office address Name of New Registered Agent:	_		enter the name of the new register.	
New Registered Office Address:	2951 Lydia St.	Apt. 4		
	Enter Florida street address			
	Jacksonville		Florida 32205	
		City	Zip Code	
New Registered Agent's Signature, if changing	Registered Agent:			
I hereby accept the appointment as register provisions of all statutes relative to the propaccept the obligations of my position as reg being filed to merely reflect a change in the company has been notified in writing of this	per and complete istered agent as p registered office	performance of my duti provided for in Chapter	es, and I am familiar with and 605, F.S. Or, if this document is	
	If Cha	nging Registered Agent, Signa	iture 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>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
			□Add
			🗀 Remove
			□ Change
			□Remove
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fective date, if other than the o an effective date is listed, the date must ote: If the date inserted in this blo ocument's effective date on the De	ck does not meet the	applicable statu	filing or more than 90 tory filing requires	(optional) days after filing.) Pur nents, this date will	suant to 605.0207 not be listed as
ecord specifies a delayed effective is filed.	date, but not an effec	rtive time, at 12	:01 a.m. on the ear	lier of: (b) The 90	th day after the
September 27	2021				
ited	·	<u> </u>			
nted <u>September 27</u> Mogan (j. E	 ³ aker	· ·			
Megan J. E	3 akar Signature of a member o	or authorized repr	esentative of a meml	per	

Filing Fee: \$25.00