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FALLAHASSEE, FLORIDA

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COVER LETTER

	Registration Se Division of Cor					
SUBJEC	Stredm LLC	2				
SODJEC	1	Name of Lim	ited Liability Company			
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please ret	urn all correspo	ndence concerning this matter	to the following:			
		Oscar Lafarga				
			Name of Person	· · · · · · · · · · · · · · · · · · ·	-	
		Stredm LLC				
			Firm/Company		-	
		300 Farmington Dr				
			Address		-	
		Plantation, FL 33317			₹., ~	
			City/State and Zip Code	·	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
		oscar@setmine.com	to be used for future annual report notif	ication)	2015 SEP - SECRETAR ALLAHASS	
For furthe	er information c	oncerning this matter, please ca	•	. 	m-: -	
Oscar La	farga		954 6435455 at ()		P R:	C
	Name o	f Person		Telephone Number		
Enclosed	is a check for the	ne following amount:				
\$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &	

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Stredm LLC	
(Name of the Limited Liability Compan (A Florida Limited Lia	y as it now appears on our records.)
(A Horida Ellinica Ell	avinty Company)
The Articles of Organization for this Limited Liability Company w	were filed on May 5, 2014 and assigned
Florida document number L14000072137	
riorida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
Setmusic LLC	
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the abbreviation "L.L.C."
The same of a final a Common and have a 18 and Mark have	
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address if applicables	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered off	ice address on our records, enter the name of the new
registered agent and/or the new registered office address here:	
	7A.I.A.I
Name of New Registered Agent:	SECI ALL/
	HE SEP
New Registered Office Address:	(x)>
	Enter Florida-street address
	Florida
	City Soule
New Registered Agent's Signature, if changing Registered Agent:	RIO.
I hereby accept the appointment as registered agent and agree	
provisions of all statutes relative to the proper and complete p	
accept the obligations of my position as registered agent as pr	
being filed to merely reflect a change in the registered office of	address, I hereby confirm that the limited liability
company has been notified in writing of this change.	
If Chang	ring Pagistared Agent Signature of New Pagistared Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
\			□ Add
			☐ Remove
			Change
			Add
			□ Remove
		····	Change
			Add
			□ Remove
			Change
			□ Add
		SEF,	Hange Hange
		FLORIDA	N Change
			Add
			_□ Remove
			_□ Change

. If amending any other information, enter change(s) here: (Attach additional sheets, if need	cessary.)
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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days affective. If the date inserted in this block does not meet the applicable statutory filing requirements, the	filling.) Physuant to 605.0207 (3)
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document a checute date on the Department of State 3 feedbas.	
the record 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 record is filed.	a.m. on the carrier or.
Dated \$/16/15-,	
Dated \$\\ \(\) \(
Signature of a member or authorized representative of a member	
Oscar Lafarga	
Typed or printed name of signee	

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Filing Fee: \$25.00