L14000072137

(Reques	tor's Name)			
(Address)			
(Address)			
(City/Sta	te/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(Busines	s Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing	Officer:			





900293304219

12/19/16--01021--015 **25.00



D. SCOTT DEC 2 0 2016

COVER LETTER

TO: Registration Se Division of Con		- Tr	
Setmusic L SUBJECT:	LC		
SUBJECT.	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub ondence concerning this matter	-	
	Oscar Lafarga		
		Name of Person	
	Setmusic LJ.C		
		Firm/Company	
	300 Farmington Dr		
	1000 10	Address	
	Plantation, FL 33317		
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
	oscar@setdev.io		
	E-mail address: (to be used for future annual report notifi	cation)
For further information of	concerning this matter, please concerning	all:	
Oscar Lafarga		954 6435455	en e
Name o	of Person	at () Area Code Daytime	Telephone Number
			題は日
Enclosed is a check for t	he following amount:		55 TO FE
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	© \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
MAIL	ING ADDRESS:	STREET/COURIE	ER ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

ţ.

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Setmusic LLC		
(Name of the Limited Liability Company (A Florida Limited Liab	ns it now appears on our records.)	
The Articles of Organization for this Limited Liability Company we Florida document number L14000072137		and assigned
riorida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	v company here:	
SctOcean LLC		
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the ab	obreviation "L.L.C."
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 offic	e address on our records, enter	the name of the new
registered agent and/or the new registered office address here:		TALL SEC
Name of New Registered Agent:		10000000000000000000000000000000000000
New Registered Office Address:		SE O M
	Enter Florida street address	型品 里口
	, Florida	Zin Edia
New Registered Agent's Signature, if changing Registered Agent:	Cuy	
isea verificien Whent 2 Distinguier if chanding wesigielen Abeut:		•

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

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	Daniel, Gaitan-Crowley	1000 W Las Olas Blvd	Add
		Fort Lauderdale, FL 33312	■ Remove
			Change
			□ Add
			□ Remove
			Change
 ,			□ Add
			Remove
			Change
			
			Remove SECO
			T L E D
			Remove.
			Change
			Add
		**************************************	□ Remove
			□ Change

This amendment does not invalid	me octinusic EL		name for existing	odaniess agic		
						
		<u>,</u>				
					<u></u>	

					بويد	
	<u> </u>		· · · · · · · · · · · · · · · · · · ·			
	· .					
				, ,· ,•		
fective date, if other than the da in effective date is listed, the date must be	specific and canno	ot be prior to date of f	iling or more than 90	(optional days after filin)	.0207
ote: If the date inserted in this block cument's effective date on the Depa	does not meet the charter of State's	ne applicable statut records.	ory filing requirem	ents, this dat	e will not be liste	ed as
•						
record specifies a delayed e The 90th day after the record	ffective date,	but not an effe	ective time, at	12:01 a.m.	. on the earlie	er of
The Sour day area the record	, 15 thea.					
November 21		1 6				
	7	,			·	
Sie	unature of a member	er or authorized repre	esentative of a memb	er	<u>₹</u> 8 6	
					三帮品	
Oscar Lafarga	т	d or printed name of	cianas		- 19 19 19 19 19 19 19	IT

Filing Fee: \$25.00