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COVER LETTER

TO: Registration Se Division of Cor			
KEBA MU	SIK LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	EDGARDO NUNEZ		
	KEBA MUSIK LLC	Name of Person	
		Firm/Company	
	1980 NE 148TH ST.	· ····································	
	NORTH MIAME, FL 3318	Address	
	info@kebamusic.com	City/State and Zip Code	 _
	E-mail address: (to be used for future annual report notif	ication)
For further information of	concerning this matter, please co	all:	
Edgardo Nunez		786 2527503	
Name o	of Person	Area Code Daytime	: Telephone Number
Enclosed is a check for t	he following amount:		
□ \$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)
	ING ADDRESS:	STREET/COURIE	

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KEBA MUSIK			
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	影覧	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on and assigned	ر: در: در:	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
KEBAMUSIK LLC			
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	250 NW 23rd Street		
(Principal office address MUST BE A STREET ADDRESS)	Unit 307		
Trincipal office address (1001 112/1011/11/11/11/11/11/11/11/11/11/11/11/1	Miami, FL 33127	_	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		 	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		nev	
Name of New Registered Agent:		_	
New Registered Office Address:	Enter Florida street address	_	
	, Florida		
	, riorida	—	

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

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>	Name	Address	Type of Action	
			Add	
			Remove	
			□ Change	
			□ Add	
			Remove	
			☐ Change	
			Add	
			☐ Remove	
			Change	
		-	Add	
			□ Remove	
			□ Add	
			Change	
			Add	
			□ Remove	
			□ Change	

			
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Effective date, if other than the If an effective date is listed, the date mus Note: If the date inserted in this bl document's effective date on the D	st be specific and cannot be prior to do lock does not meet the applicable	ate of filing or more than 90 day statutory filing requiremen	ts, this date will not be listed as
ne record specifies a delaye		n effective time, at 12	:01 a.m. on the earlier of
The 90th day after the rec	.010 13 171001		

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Typed or printed name of signee

EDGARDO NUNEZ

Filing Fee: \$25.00

2013 JAN 11 AN EX 35