Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Doing so will generate another cover sheet.

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Division of Corporations	
Fax Number : (850)617-6383	>:
m: Account Name : EXPRESS CORPORATE FILING SERVICE INC.	ASSI
Account Number : I2000000146	
Phone : (305)444-4994	Tri co
Fax Number : (305)328-4774	JAM.
ter the email address for this business entity to be used for fut annual report mailings. Enter only one email address please.**	ture
Email Address:	
0	Fax Number : (850)617-6383 om: Account Name : EXPRESS CORPORATE FILING SERVICE INC. Account Number : 120000000146 Phone : (305)444-4994 Fax Number : (305)328-4774 ster the email address for this business entity to be used for fut annual report mailings. Enter only one email address please.**

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JAFFIRDS MUSIC CIA LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
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C. BRUMBLEY

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Page: 3 of 5

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JAFFIRDS MUSIC CIA LLC			700			
(Name of the Limi	(Name of the Limited Liability Company (A Florida Limited Lia		,			
The Articles of Organization for this Limited L Florida document number L15000024145	rticles of Organization for this Limited Liability Company were filed on		HASSEE FL			
A. If amending name, enter the new name of	f the limited liab	ility company here:				
The new name must be distinguishable and contain the v	vords "Limited Linbi	lity Company," the designation "LLC" or the	he abbreviation "L.L.C."			
Enter new principal offices address, if applicable:		9600 NW 38th ST.				
er new principal offices address, if applicable: ncipal office address MUST BE A STREET ADDRESS	ET ADDRESS)	SUITE 203				
			DORAL, FL 33178			
Enter new mailing address, if applicable:		9600 NW 38th ST.				
(Mailing address MAY BE A POST OFFICE	BOX)	SUITE 203				
		DORAL, FL 33178				
B. If amending the registered agent and/or agent and/or the new registered office addresses		address on our records, enter the	name of the new registered			
Name of New Registered Agent:	LAWRENCE	SOTO				
New Registered Office Address:	9600 NW 33th	ST. SUTTE 203				
		Enter Florida street address				
	DORAL	, Florid	a 33178			
		City	Zip Code			
New Registered Agent's Signature, if changing	Registered Agent:	<u>.</u>				

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.

/c/ Lawrence Soto
If Changing Registered Agent, Signature of New Registered Agent

From: Yanet Avila

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

Page: 4 of 5

Title	Name	Address	Type of Action
AMBR	CHANGE OF ADDRESS	9600 NW 38th ST. SUITE 203	
		DORAL, FL 33178	
			— EChange
			GAdd
			□Remove
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		48	□Remove
			☐ Change
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From: Yanet Avila

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	late, if other than to date is listed, the date of date inserted in this effective date on the				(option than 90 days siter ong requirements, this	nal) filing.) Pursuant to 605.02 date will not be listed
record spe is filed.	cifies a delayed offer	tive date, but no	t an effective ti	me, at 12:01 a.m	on the earlier of: (b)	The 90th day after th
ated						
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_		Signature of a	niember or autho	rized representativ	e of a member	
		_	10			
\circ	JAFFIRD SIERRA		K)			