# 1160000026664

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

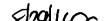
Office Use Only



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## **COVER LETTER**

TO: 'Registration So Division of Co							
MLCF, LI SUBJECT:							
SUBJECT:		nited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.					
Please return all correspo	ondence concerning this matter	to the following:					
	CAROLINE G. LARSON						
		Name of Person					
	LARSON ACCOUNTING	G AND CONSULTING SERVICES					
		Firm/Company					
	7901 KINGSPOINTE PKWY STE 17						
		Address					
	ORLANDO/FL 32819			SEC SEC			
		City/State and Zip Code		AUG 26 I			
	support@larsonace.com			TILL AND SE			
		to be used for future annual report notifi	cation)				
For further information c	oncerning this matter, please c	all:		PH 2:			
CAROLINE G. LARSO		407 370 3686		55.05			
Name o	f Person	Area Code Daytime	Telephone Number				
Enclosed is a check for the	he following amount:						
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	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
2001 Executive Center Circle
Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MLCF , LLC			
(Name of the Limi	ted Liability Compa (A Florida Limited I	ny as it now appears on our r liability Company)	ecords.)
The Articles of Organization for this Limited L		were filed on <u>02/08/2016</u>	and assigned
Florida document number L16000026664	·		
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name of	f the limited liab	lity company here:	
MLCF MUSICAL INSTRUMENTS, LLC			
The new name must be distinguishable and contain the	words "Limited Liabil	ity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applie	eable:	N/A	TS 6
(Principal office address MUST BE A STREE	ET ADDRESS)		<u> </u>
			- 33 × E
			Sign m
Enter new mailing address, if applicable:		N/A	30
(Mailing address MAY BE A POST OFFICE	ROX)		,0% <b>7.</b>
THURING WATERS MATTING AT THE PERSON OF THE	1014		कृत %
			· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and	or registered of	Tice address on our re	cords, enter the name of the nev
registered agent and/or the new registered o			
Name of New Registered Agent:	LARSON ACC	OUNTING AND CONSUL	LTING SERVICES
New Registered Office Address:	7901 KINGSPO	DINTE PKWY STE 17	
-		Enter Florida street a	uddress
	ORLANDO		_, Florida
		City	Zip Code

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 of removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action		
AMBR	MARCELO TADEU AZIZ	1333 FLORIDA MALI. AVENUE			
		ORLANDO, FL 32809	Remove		
		V	Change		
AMBR	ANELISE VIEIRA SILVA AZIZ	1333 FLORIDA MALL AVENUE			
		ORLANDO, FL 32809	□ Remove		
AMBR	MARCELO TADEU AZIZ JR	1333 FLORIDA MALI, AVENUE	<b>=</b> Add		
		ORLANDO, Fl. 32809	☐ Remove		
			Change		
			□ Add		
			FILE SECRETARY OF		
			Add R D		
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			☐ Remove		
			☐ Change		

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fective	date, if other	than th	e date of	f filing:	:				,	(option	al)	
n effecti	ve date is listed.	the date mu	st be speci	ific and c	cannot be p	orior to d	ate of filing	g or more	than 90 da	ys after fil	ing.) Pursuant	to 605.02
	he date inserte 's effective dat						statutory	' filing ro	quiremer	us, this a	ate will not t	e listed
			•					· ·				
recor	d specifies a	a delave	d effect	tive da	ate, but	not a	n effect	ive tim	e. at 12	2:01 a.r	n. on the	earlier
	th day afte											
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	· · · · · · · · · · · · · · · · · · ·		Signatur	re of a m	ember or	authorize	d represen	itative of a	i member			

Page 3 of 3

Filing Fee: \$25.00