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(Requestor's Name)	•
	Address)	
(Address)	
	City/State/Zip/Phon	ue #)
	,	•
PICK-UP	☐ WAIT	MAIL
(Business Entity Na	me)
	Document Number)
Certified Copies	Certificate	s of Status
		
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COVER LETTER

	on Section f Corporations		
SUBJECT:	Name of Lim	lax.	
	Name of Lim	ited Liability Company	
The enclosed Articl	es of Amendment and fee(s) are sub	mitted for filing.	
Please return all cor	rrespondence concerning this matter	to the following:	
		Bracker Name of Person	
	Timeless	Music LLC Firm/Company	
	9939 01	d Baymeadaws R Address	D soute 144
	Jackson	Uillé FL 32251 City/Staté and Zip Code	0
	J E-mail address: (RYUN B @ AMAII.	(OM)
For further informa	tion concerning this matter, please co	all:	
<u>Jeremo</u>	1 Bracker ame of Person	at (90-1) 945 Area Code Daytime	- 4089 Telephone Number
,	for the following amount:		
☑ \$25.00 Filing F	ee ☐ \$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)

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

Timeless Mu			
(<u>Name of the Limited Liah</u> (A Flor	illity Company as it now appears on o ida Limited Liability Company)	ur records.)	
The Articles of Organization for this Limited Liability	Company were filed on		and assigned
Florida document number	·		
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the li	mited liability company here:		
Teremy Ryan Mush he new name must be distinguishable and contain the words "1.	ic LLC		
he new name must be distinguishable and contain the words "1.	imited Liability Company," the designal	tion "LLC" or the abbrevi	ation "L.L.C."
nter new principal offices address, if applicable:		= =====================================	
Principal office address MUST BE A STREET ADI	ORESS)	EE	9
		<u> </u>	<u>E</u>
		55 A	72
Enter new mailing address, if applicable:			>=
• ••		974 874 874	- C &
<u> Mailing address MAY BE A POST OFFICE BOX)</u>		<u> </u>	<u>au</u>
		<u></u>	<u>ا</u>
. If amending the registered agent and/or reg egistered agent and/or the new registered office ad Name of New Registered Agent:	gistered office address on our ldress here:	records, enter the	name of the r
	-		
New Registered Office Address:	Enter Florida stre	eet address	· · · · ·
	· · · · · · · · · · · · · · · · · · ·		
	City	, Florida 	in Coda
	Cui	Ζ.	p coae

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>	<u>Name</u>	Address	Type of Action
MGR	Mesley Patrick	9838 Old Baymendans RD	D Add
		Suite 144	⊠ Remove
			Change
			□ Remove
			Change
		——————————————————————————————————————	□ Add
		ARCHASS	Remarks 2
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Filing Fee: \$25.00