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IIM S. R. MERRIS

COVER LETTER

ro:		istration Sect sion of Corpo			
SUBIE		Most Wanted			
PORTE	CI:			ted Liability Company	
The enc	losed	Articles of A	mendment and fec(s) are subt	nitted for filing.	
Please r	eturn	all correspond	dence concerning this matter t	to the following:	
			Luke Pierre Jr		
				Name of Person	
			Most Wanted Muzik LLC		
				Firm/Company	
			135 Alcazar Street		
				Address	
			Royal Palm Beach Florida	33411	
				City/State and Zip Code	
			mostwantedmuzikk@gmail.		<u>, </u>
			E-mail address: (t	o be used for future annual report no	tification)
For furt	her in	formation cor	neerning this matter, please ca	111:	
Jerelle I	Pierre			at () Area Code Daytii	
	-	Name of F	Person	Area Code Daytii	me Telephone Number
Enclose	d is a	check for the	following amount:		
≅ \$ 25	i.00 Fi	iling 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)

MAILING ADDRESS:

TO:

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

Most Wanted Muzik LLC		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our record imited Liability Company)	<u>1s.</u>)
The Articles of Organization for this Limited Liability Cor Florida document number L16000092712	npany were filed on 05/11/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
he new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC	
Enter new principal offices address, if applicable:		26H
Principal office address MUST BE A STREET ADDRE	(2.2)	
The part office management of the part of		(n ≥ N pm
	.	GI
inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
vialing dadress MAT BE A FOST OFFICE BOX		
3. If amending the registered agent and/or register egistered agent and/or the new registered office address.		s, enter the name of the no
Name of New Registered Agent:		
New Registered Office Address:	F . 27	
	Enter Florida street addres	5.5
		lorida
	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 or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Theodore Cokran III	I Beachway Dr	
		Ocean Ridge FI 33435	□ Remove
			Change
MGR	Ishmael Tracey Jr	135 Alcatraz Street	¶ Add
		Royal Palm Beach Fl 33411	Remove
			Change
			Add
		·	Remove
			Change
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an effective date is listed, the date moote: If the date inserted in this b	lock does not n	neet the applicable				
ocument's effective date on the I	Department of S	state's records.				
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The 90th day after the re			ii ellective tii	ne, at 12.01 a	i.iii. Oii tiie e	sarner o
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	Signature of a	member or authorize	ed representative q	of a member	3	<u>_</u>
Lake Pierre Jr	Signature of a	member or authorize	ed representative of	yf a member	27-1 27-1 27-1 28-1 28-1	624

Page 3 of 3

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