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Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Section

Division of Cor	porations		
	RECORDS, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub		
Please return all correspo	ndence concerning this matter	to the following:	
	JOSE ARMADA		
		Name of Person	
	PLATANO RECORDS, L	LC	
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	7911 W 25th Court		
		Address	
	Hialeah, FL 33016		
		City/State and Zip Code	
	musicuprecords@hotmail.c E-mail address: (om to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please c		
JOSE ARMADA		305 633-4322	
Name o	f Person	at () 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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration 9 Division of C	Section Corporations	Street Address: Registration Sec Division of Corp	porations []-
P.O. Box 632 Tallahassee,		The Centre of To 2415 N. Monroe Tallahassee, FL	Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Cor Florida document number 1.16000111752	mpany were filed on 06/06/2016 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:
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRE	<u> </u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>enter the name of the new registe</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

DE APPANIA DEPARTMENT LES

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
MGR	JOSE HERNANDEZ	7911 W 25th Court	= Add
		Hialeah, Fl 33016	Remove
			□Change
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in effective date is listed, the date must be s interaction of the date inserted in this block of	specific and cannot be prior to date of does not meet the applicable sta	of filing or more than 90 days after t tutory filing requirements, this	iling.) Pursuant to 605.020 date will not be listed a
ocument's effective date on the Depart	tment of State's records.		
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Filing Fee: \$25.00