L16000125728

8/14/23, 12 49 PM

Division of Corporations

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MELAND RUSSIN & BUDWICK, P.A.

From: 3058517588

Account Number : I20040000113 : (305)358-6363 : (305)358-1221

> **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Ema11 Address: CRAMOS@MELANDBUDWICK.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BTFMUSIC LLC

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Estimated Charge \$30.00

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BTFMUSIC LLC				
(Name of the Lie	Mitted Liability Comp (A Florida Limited	any as it now appears on ou Liability Company)	r records.)	
The Articles of Organization for this Limited Florida document number L16000125728				and assigned
This amendment is submitted to amend the fo				
A. If amending name, enter the new name	of the limited liab	oility company here:		
The new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the designation	on "LLC" or the abbro	eviation "L.I.C."
Enter new principal offices address, if applicable:		200 S. Biscayne Blvd.		
(Principal office address MUST BE A STRE		Suite 3200		
		Miami. FL 33131		
Enter new mailing address, if applicable:		200 S. Biscayne Blvd.		
(Mailing address MAY BE A POST OFFICE BOX)		Suite 3200	5. <u>-</u>	
		Miami, FL 33131		**************************************
B. If amending the registered agent and/or agent and/or the new registered office addr	registered office a	address on our records,	enter the name o	-:-
Name of New Registered Agent:	Meland Budwig	ek, P.A.		Fig. C
New Registered Office Address:	200 S. Biscayne Blvd., Suite 3200			52
		Enter Florida street	address	
	Miami		_, Florida	
New Registered Agent's Signature if changing		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

Mcland Budwick

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

MGR - Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Stephen Shields	200 S. Biscayne Blvd., Suite 3200	
		Miami, FL 33131	
P	Stephen Shields	200 S. Biscayne Bivd., Suite 3200	
		Miami, FL 33131	
VP	Quinn Shields	200 S. Biscayne Blvd., Suite 3200	_
	Miami, FL 33131	<u> </u>	
VP	Joanne Giomo	200 S. Biscayne Bivd., Suite 3200	-
		Miami, FL 33131	
T	Joanne Giorno	200 S. Biscayne Blvd., Suite 3200	■ Change
		Miami, FL 33131	□ Add
		-	
			□ Add
			Remove
			□ Change

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