## NIC CC 13/26/36

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## **COVER LETTER**

_	Name of Lin	nited Liability Company	
I Articles of A	mendment and fee(s) are sub	omitted for filing.	
all correspond	dence concerning this matter	to the following:	
	DIANA E PINTO		
		Name of Person	
		Firm/Company	
	988 NW 156 AV		
		Address	
	PEMBROKE PINES, FL	33028	
		City/State and Zip Code	
	E-mail address: (	to be used for future annual report notifi	ication)
iformation con	cerning this matter, please ca	all:	
Name of Person  Firm/Company  988 NW 156 AV  Address  PEMBROKE PINES, FL 33028			
Name of P	erson		Telephone Number
check for the	following amount:	•	
iling Fee		Certified Copy	Certificate of Status & Certified Copy
	LATINO MU  I Articles of A all correspond  formation con TO  Name of P	Name of Lin  If Articles of Amendment and fee(s) are substantial correspondence concerning this matter  DIANA E PINTO  988 NW 156 AV  PEMBROKE PINES, FL  mp.gamservices@gmail.co  E-mail address: (afformation concerning this matter, please contents)  TO  Name of Person  check for the following amount:  iling Fee  \$30.00 Filing Fee &	Articles of Amendment and fee(s) are submitted for filing.  I Articles of Amendment and fee(s) are submitted for filing.  all correspondence concerning this matter to the following:  DIANA E PINTO  Name of Person  Firm/Company  988 NW 156 AV  Address  PEMBROKE PINES, FL 33028  City/State and Zip Code  mp.gamservices@gmail.com  E-mail address: (to be used for future annual report notif  fformation concerning this matter, please call:  TO  954  Area Code  Daytime  check for the following amount:  iling Fee \$\Bigcircles \text{330.00 Filing Fee & Certified Copy}}  Certificate of Status  Certified Copy

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

FILED

LATINO MUSIC LLC

company has been notified in writing of this change.

2022 MAY 31 AM 8: 22

(Name of the Limited Liability Comp. (A Florida Limited	Liability Company)	TALLAHASSEE FATE
The Articles of Organization for this Limited Liability Company	were filed on <u>07/14/2016</u>	and assigned
Florida document number L16000132686		-
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)	_	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address on our re	ecords, enter the name of the nev
Name of New Registered Agent:	<del></del>	
New Registered Office Address:		
	Enter Florida street	address
		, Florida Zip Code
	·	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agri	ee to act in this capacity	. I further agree to comply with the

If Changing Registered Agent, Signature of New Registered Agent

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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	PINTO, DIANA E	988 NW 156 AVE	
		PEMBROKE PINES	■ Remove
		FL. 33028	Change
			Remove
			Change
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Effecti	ive date, if other than the date of filing:	(optional)	
Note:	fective date is listed, the date must be specific and cannot be prior to date of filing. If the date inserted in this block does not meet the applicable statutory nent's effective date on the Department of State's records.	filing requirements, this date will not be li	05.0207 sted as 1
	cord specifies a delayed effective date, but not an effecti 90th day after the record is filed.	ve time, at 12:01 a.m. on the ear	lier of:
Dated	WESTON, MAY 26th 2022		
zated ,			
	The Startes	tative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00