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COVER LETTER

Division of Corpor					
SUBJECT: Onn	er School of	f Music	LLC		
	Name of Limi	ited Liability Company			10 Table 117
)				`	SEP 16 PH 4: 50
The enclosed Articles of Am	endment and fee(s) are subr	mitted for filing.			
Please return all corresponde	ence concerning this matter t	to the following:			10 F.
	Deew	Conni (Name of Person			50
		Name of Person			
	Con	Music,	111		
		LST NE			
		Address			
	NAP	City/State and Zip Code	4170		
	dConn	to be used for future annual	incast. ne	2	
			тероп пописацоп	,	
For further information cone	-				
Scott Conn	«C	at (<u>) 39</u> Area Code)	682-35	731	
Name of Pe	rson	Area Code	Daytime Telep	hone Number	
Enclosed is a check for the fo	ollowing amount:				
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is end		Certified C	of Status &

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

(Name of the Limited Liability Company (A Florida Limited Lia	of Music, LLC	
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	y as it now appears on our records. ability Company)	
The Articles of Organization for this Limited Liability Company we Florida document number		and assigned 5
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability		
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	4705 Onter Noples, 87 34	Drive
Enter new mailing address, if applicable: (Some occ (Mailing address MAY BE A POST OFFICE BOX)	881 6th St A Noples, F1 3	1170 DE
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:		enter the name of the nev
Some asis - 1	Isew Cornel	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	rida
	Сйу	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>	Name	Address	Type of Action
	· · · · · · · · · · · · · · · · · · ·		□ Add
•		· · · · · · · · · · · · · · · · · · ·	□ Remove
			Change
	 		
			☐ Remove
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			Change
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	`		☐ Remove
			Change

,	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
	
(If an e <u>Note:</u>	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: a 90th day after the record is filed.
Dated	1_ Sept 12 2019.
	Signature of a member or authorized representative of a member
	Typed or printed name of signee
	Typed or printed name of signee