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#### Florida Department of State,

This cover letter is in regards to the amending of the Articles of Organization for The Square Table LLC.

Daytime Contact Number (210) 816-2213
Return Address 7849 McPherson Drive
New Port Richey, FL
34653

Lisa M Dolcy

10/17/23

### **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Cor	porations		
	The Square	Table LLC		
SUBJECT:		Name of Limit	ed Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are subr	nitted for filing.	
		indence concerning this matter t		
		Lisa M Doley		
			Name of Person	
		The Square Table LLC		
			Firm/Company	
		7849 McPherson Drive		
			Address	·····
		New Port Richey Florida	34653	
			City/State and Zip Code	
		MusicInCommunityLLC@g		
			to be used for future annual report n	outication)
For further	information o	concerning this matter, please ca	all:	
Lisa M Dol	cy		210 816-2213 at ( )	
	Name o	of Person	Area Code Days	time Telephone Number
Enclosed is	a check for t	he following amount:		
□ <b>\$</b> 25.00	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Fiting Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ailing Addre egistration		<u>Street Address:</u> Registration (	
		Corporations	Division of C	Corporations
	O. Box 632		The Centre o	f Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ny as it now appears on our records, Liability Company)	<del>V</del>
were filed on November 16, 200	6 and assigned
ility company here:	
lity Company," the designation "LLC"	or the abbreviation "L.L.C."
7849 McPherson Drive	
New Port Richey, Florida	
34653	22
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address on our records, <u>enter t</u>	he name of the new regist
Enter Florida street address	
······································	rida Zip Code
	were filed on November 16, 2000  idity company here:  lity Company," the designation "LLC"  7849 McPherson Drive  New Port Richey, Florida  34653  address on our records, enter t

#### 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 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>	Address	Type of Action
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			Remove
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	is listed, the date te inserted in th	te must be specific his block does r	c and cannot be not meet the a	e prior to date applicable st		re than 90 days aff requirements, the	ter filing.) Pursua	
he record specific ord is filed.	es a delayed eff	fective date, but	t not an effec	tive time, at	12:01 a.m. o	n the earlier of:	(b) The 90th	day after the
October	17,		2023					
Dated			, , ,	<u> </u>				
		L						
		Signature	of a member o	r authorized i	representative of	of a member		
Lisa	M Dolcy							