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(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
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(L)	ocument Number)	
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COVER LETTER

	Registration Se Division of Cor					
CUBIEC		CATRACHA LLC				
SUBJEC	T:		ited Liability Company			
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	turn all correspo	ondence concerning this matter	to the following:			
		MARIO COTO				
			Name of Person			
		MUSICA CATRACHA L	LC			
			Firm/Company			
		2699 STIRLING RD. SU	TE C103			
			Address			
		FORT LAUDERDALE,	FL 33312			
			City/State and Zip Code			
		MarioJr@MusicaCatracha.				
		E-mail address: (to be used for future annual report not	ification)		
For furth	er information o	concerning this matter, please c	all:			
mario co	oto		954 8547033 at ()			
	Name o	of Person	Area Code Daytin	ne Telephone Number		
Enclosed	l is a check for t	he following amount:				
= \$25 .	00 Filing Fee	S30.00 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 Addres		Street Address:			
Registration Section Division of Corporations		Registration Se				
	P.O. Box 632			Division of Corporations The Centre of Tallahassee		
	Tallahassee,		2415 N. Monro	e Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MUSICA CATRACHA LLC	:	
(Name of the Limited Liability Comp (A Florida Limited	Liability Company)	records.)
The Articles of Organization for this Limited Liability Company	and assigned	
Florida document number L17000126352		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		B
		΄, ω΄
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		The state of the s
		59
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records,	enter the name of the new register
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	Enter Florida stree	t aultress
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>	
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	e performance of my dut provided for in Chapter	ties, and I am familiar with and r 605, F.S. Or, if this document is

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>	<u>Name</u>	Address	Type of Action
MGA	Mario Pene Coto	3481 N 31 ave	d Add
		2481 N 31 auc Hollywood, FL 33021	Remove
			□ Change
			🗀 Add
			□ Remove
			Change
			Change PDAdd
			□ Remove
			□ Remove □ DChange
			□Add
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ective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be te: If the date inserted in this block does not meet the a	e prior to date of	filing or more than utory filing requir	(optio 90 days after tements, this	iling.) Pu	rsuant to 605.	.020 ed &
cument's effective date on the Department of State's rec	cords.	, .				
ecord specifies a delayed effective date, but not an effect is filed.	tive time, at 12	2:01 a.m. on the c	arlier of: (b)	The 90	th day after	th
10d Jan 31st 20	<u>) Jo</u> .					
11 1/1/2.						

Filing Fee: \$25.00