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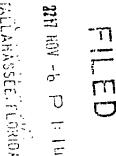
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO: Registration Section ** Division of Corporations
SUBJECT: MUSIC STYINGS LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:
Vincent J Masson Name of Person
Music Strings LLC Firm/Company
640 EOCPANAVE STE#15
Boynton Beach, FL 33435 City/State and Zip Code
E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Vincenty Masson at (561) 402-1602 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\begin{array}{c} \Bar{\text{\$\subset}} \\$30.00 Filing Fee & Certificate of Status \$\begin{array}{c} \Bar{\text{\$\subset}} \\$55.00 Filing Fee & Certificate of Status \$\begin{array}{c} \Certificate of Status & Certified Copy (additional copy is enclosed) \end{array}\$

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

Mus	icStri	ngs LL	C		
(<u>Name of the Limited</u> (/	I Liability Compan A Florida Limited Li	y as w now appears on ability Company)	our records.)		
The Articles of Organization for this Limited Lia Florida document number <u>L170001</u>		were filed on	7-05-17	and as	ssigned
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	the limited liabil	lity company here:			
The new name must be distinguishable and contain the wor	rds "Limited Liabilit	ty Company " the design	ation "LLC" or the at	breviation "I	
Enter new principal offices address, if applical	ble:				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>0x)</u>		IALLA HASSEE	17 H)Y	
B.) If amending the registered agent and/or registered agent and/or the new registered offi			-	the name	of the new
Name of New Registered Agent:		MASSON	,		
New Registered Office Address:	929	Greenbrian Enter Florida si	treet address		
	BOYN TOI		, Florida	3431 Zip Coxle	

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 = A	uthorized Member		
<u>Title</u>	Name	Address	Type of Action
AMBR	Bernard MASSON	929 Greenbriur dr. Boy	nton Bioch FL3245 Add
			Remove
			
gistered Agent	Vincent JMASSON	924 Greenbriari de B.	yaton Beach Fe 33435 D Add
rigout			Remove
			Change
MGR	Vincent J MASSON	929 Green briar dr. Boynt	on Beach FL 33435 - Add
			Remove
		<u></u>	☐ Change
MGR	Bernard MASSON	121 Greenbriar de Bornto	NiBeach FL 33437 TA Add
			□ Remove
0 .			Change
Registered Agent	Bernard MASSON	29 Greenbrarde Boyato	Beach F131435 # Add
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ective date, if other that	n the date of filin	ıg:			皇。 _ (optional) -	
n effective date is listed, the date. If the date inserted in the cument's effective date on the contract of t	his block does not	meet the applic	cable statutory	or more than 90 d filing requireme	ays after film ints, this dat	g.) P u rsua e will no	ant to 605.6 of be listed
record specifies a del he 90th day after the			ot an effecti	ve time, at 1	2:01 a.m.	on th	e earlie
ed November	157	2017	·				
			orized represent	stive of a member			
	Signature of a	member of auti	ionzed represent	anve or a member			

Page 3 of 3

Filing Fee: \$25.00