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PILLU DITOEC - L PH 3: 24 SECRETARY OF STATE

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COVER LETTER

	legistration Sec Pivision of Corp			
SUBJECT		USIC MIAMI LLC		
SOBJEC		Name of Lim	ited Liability Company	
The enclos	sed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please reti	ırn all correspor	ndence concerning this matter	to the following:	
		DEVANNYALY URENA		
			Name of Person	
			Firm/Company	
		7171 PEMBROKE RD		
		· · · · · · · · · · · · · · · · · · ·	Address	
		PEMBROKE PINES, FL U	JNITE-D ST 33	
			City/State and Zip Code	
		devannyaly@gmail.com		
		E-mail address: (to be used for future annual report notif	ication)
For furthe	r information co	oncerning this matter, please ca	all:	
DEVAN	NYALY J UREI	NA	954 8567956	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed i	is a check for th	e following amount:		
\$25.00) Filing Fee	□ \$30.00 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 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

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SECRETARY OF STATE

ords.) HASSEE, FLORIDA

COCOTEMUSIC MIAMI LLC

(Name of the Limited Liability Company as it now appears on our records, (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company v	vere filed on $\frac{1}{2}$	1/20/2017		_ and assigned
Florida document number L17000238706				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	ity company h	ere:		
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the	designation "L	LC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
Entannous mailing address if anniisables				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
(Maining undress MAT BE A FOST OFFICE BOX)				
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:		n our reco		e name of the new
	, Florida			
	City			Zip Code
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as publing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance o provided for in	f my duties, Chapter 60	, and I am fam 05, F.S. Or, if i	uiliar with and this document is
If Change	sing Degistered A	gent Signatu	una of Navy Dagist	tared 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>	<u>Address</u>	Type of Action
MGR	JAQUEZ, CARLOS A	7171 PEMBROKE RD	⊟ Add
		PEMBROKE PINES FL 33023	Remove
			Change
			□ Add
			Remove
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Effective date, if other than the (If an effective date is listed, the date means Note: If the date inserted in this bedocument's effective date on the limit of	ust be specific and cannot be price block does not meet the appli	icable statutory filing requ	(optional) an 90 days after filing.) Pur uirements, this date will	suant to 605.0207 (3 not be listed as th
the record specifies a delayed The 90th day after the re		ot an effective time,	. at 12:01 a.m. on	the earlier of:
Dated NOVEMBER 28	2017	·		
	Dougnarial	al 0.		
	Signature of a member or aut	horized representative of a r	nember	
	Dougnord	la Degra		

Page 3 of 3

Filing Fee: \$25.00