## 11700250378

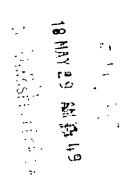
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
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MAY 29 2018

## **COVER LETTER**

TO: Registration Sec Division of Corp				
	S MUSIC LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspon	dence concerning this matter	to the following:		
	ALICIA CRESS			
		Name of Person	<del></del>	
	JUST KRESS MUSIC LLO	C		
		Firm/Company		
	350 LINCOLN ROAD, SUITE 4037			
		Address		
	MIAMI BEACH, FL. 3313	59		
		City/State and Zip Code		
	b.berthet@2bc.us		·	
		to be used for future annual report notifi	ication)	
For further information co	ncerning this matter, please co	all:		
BENJAMIN BERTHET		941 7269984		
Name of	Person	at () Area Code Daytime	Telephone Number	
Enclosed is a check for the	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

JUST KRESS MUSIC LLC	
(Name of the Limited Liability Company as i (A Florida Limited Liabilit	it now appears on our records.) y Company)
The Articles of Organization for this Limited Liability Company were Florida document number $\frac{1.17000250378}{1.17000250378}$ .	filed on 12/07/2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability e	company here:
The new name must be distinguishable and contain the words "Limited Liability Con	mpany," the designation "LLC" or the abbreviation—LLC."
Enter new principal offices address, if applicable:	7 <b>.</b> >>
(Principal office address MUST BE A STREET ADDRESS)	70 pa
	740
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	address on our records, enter the name of the
	Florida 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>	<u>Name</u>	Address	Type of Action
MGR	YOLANDA MERRITT	36 NW 67TH STREET	<b></b> Add
		MIAMI, FL. 33150	
			☐ Change
			Add
			□ Remove
			Change
			Remove
			Change
			D Add
		<del></del>	□ Remove
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	<u></u>	Change	
			□ Remove
			Change

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ective date, if other than the date of filing:	(optional) more than 90 days after filing a Pursuant to 605.0
te: If the date inserted in this block does not meet the applicable statutory fil	
ument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective he 90th day after the record is filed.	time, at 12:01 a.m. on the earlier
	$\overline{}$
ed 05/23/2018	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00