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Amend

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COVER LETTER

TC): Registration Se Division of Cor			
411	JBEMUSIC	LIC		
SU	ЈВЈЕСТ:	Name of Limi	ited Liability Company	
Th	e enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Ple	ease return all correspo	ndence concerning this matter	to the following:	
		Joshua Esther		
			Name of Person	
		JBEMUSIQ LLC		
			Firm/Company	
		931 Rich Drive Apt. 105		
		· · · · · · · · · · · · · · · · · · ·	Address	
		Deerfield Beach, FL. 334	141	
			City/State and Zip Code	
		jbemusiq@gmail.com		<u> </u>
		E-mail address: (1	to be used for future annual report notif	ication)
Fo	r further information c	oncerning this matter, please ca	all:	
Jo	shua Esther		561 207-1798	
_	Name o	f Person	at () Area Code Daytime	Telephone Number
En	closed is a check for th	ne 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**

TORMON IS PH 3. S. 1 JBEMUSIQ 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 were filed on $\frac{02/14/2018}{2}$ Florida document number L18000041054 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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.

City

loshua Esther

Deerfield Beach

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

Page 1 of 3

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	Trina Esther	931 Rich Drive Apt. 105 Deerfield Beach, FL 33441	■ Add
			Remove
			☐ Change
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			☐ Remove
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ctive date, if other than the effective date is listed, the date must	date of filing:	o date of filing or more than s	optional) Odays after filing.) Pursuant to 605.0
e: If the date inserted in this blo	ock does not meet the applica	ble statutory filing require	ements, this date will not be listed
ument's effective date on the De	partment of State's records.		
ecord specifies a delayed	effective data, but not	an effective time a	t 12:01 a.m. on the earlier
ne 90th day after the reco	ord is filed.	an enective time, a	t 12.01 a.m. on the earner
November 7th	2018		
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Typed or printed name of signee

Filing Fee: \$25.00