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Y. SCOTT
JUN 1 8 2023

COVER LETTER

47	on of Corporations						
SUBJECT:	Changing	Compa	ny name	from	FDF MU	اء آخر	(
_		Name of Limite	d Liability Company	FDF1	NUSIC 90	Mark	ceting
				-	(And)		
The enclosed A	articles of Amendment and	fee(s) are subm	itted for filing.				
Please return al	ll correspondence concerni	ng this matter to	the following:				
		Frederi	Name of Person	nd		_	
		FOF MI	Firm/Company	C			
	0)01	SE IS	Address Address City/State and Zip C MUSt C be used for future and	4.NV	211	2023	
	Fort	Laud	lerdale	FC	333	1-6-	
		-mail address: (to	be used for future and	O A O (C (O KY	PH 2:	
For further info	ormation concerning this m	atter, please call	:		L. 5	8	
Frede	Name of Person	nd	at (954) Area Code		8-6090 ne Telephone Numb		
Enclosed is a cl	heck for the following amo	ount:					
¥ \$25.00 Fili	· ·	ing Fee & e of Status	S55.00 Filing I Certified Copy (additional copy i	y	Certific	Filing Fee. cate of Statued Copy nal copy is encl	
	ng Address: stration Section			t Address: istration Se	etion		
	ion of Companyions		•	sian of Co.			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FOF MU	SIC LL	C	
(<u>Name of the Limited Li</u> (A Fl	<mark>ability Company as it now app</mark> orida Limited Liability Compan	oears on our records.) y)	
The Articles of Organization for this Limited Liabili	ty Company were filed on	04/02/2018	and assigned
This amendment is submitted to amend the following	g:		
FDF MUSIC & The new name must be distinguishable and contain the words	Marketin	a 16C	oreviation "L.L.C."
Enter new principal offices address, if applicables (Principal office address MUST BE A STREET AL	·		
Enter new mailing address, if applicable:			20
(Mailing address MAY BE A POST OFFICE BOX			
B. If amending the registered agent and/or regist agent and/or the new registered office address her	ered office address on ou re:	r records, enter the name	of the new registered
Name of New Registered Agent:			_
New Registered Office Address:	Enter 1	Vorida street address	
<u> </u>		, Florida	
	City		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 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
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	Signature of	fa member or auth	orized representati	ve of a member			
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