## L18000107220

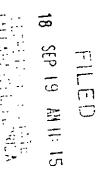
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(Business Entity Name)				
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## **COVER LETTER**

TO:	Registration Se Division of Cor			
CHRIC	NPO Musi	c, LLC		
SUBJEC	, I:	Name of Limi	ited Liability Company	·····
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		Nilsa M. Pozo Ortiz		
		Name of Limited Liability Company  icles of Amendment and fee(s) are submitted for filing.  correspondence concerning this matter to the following:  Nilsa M. Pozo Ortiz  Name of Person  NPO Music, LLC  Firm/Company  5426 NW Fox Squirrel Lane Apt. 103  Address  Port Saint Lucie, FL 34986  City/State and Zip Code  pozo.nilsa@gmail.com  E-mail address: (to be used for future annual report notification)  nation concerning this matter, please call:  Ortiz  Name of Person  Area Code  Daytime Telephone Number  ck for the following amount:  Fee \$\mathbb{S}\$0.00 Filing Fee & Certified Copy  (additional copy is enclosed)  Certificate of Status & Certificed Copy  (additional copy is enclosed)		
		NPO Music, LLC		
			Firm/Company	Daytime Telephone Number    \$60.00 Filing Fee,
		5426 NW Fox Squirrel La	ane Apt. 103	
			Address	
		Port Saint Lucie, FL 349	86	
		nozo nilsa@amail.com	City/State and Zip Code	<del></del>
			to be used for future annual report notific	cation)
For furth	ner information c			·
Nilsa M	. Pozo Ortiz			
	Name o	f Person		Telephone Number
Enclosed	d is a check for th	ne following amount:		
□ <b>\$</b> 25.	00 Filing Fee		Certified Copy	Certificate of Status &

TO:

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

NPO Music, LLC				
(Name of the Limit	ed Liability Compa (A Florida Limited I	ny as it now appears on our l Liability Company)	records.)	
The Articles of Organization for this Limited Li	ability Company	were filed on April 30, 20	018	and assigned
Florida document number L18000107220			1-2	· • • • • • • • • • • • • • • • • • •
This amendment is submitted to amend the follo	owing:		<u>.</u>	60 AB 10 AB
A. If amending name, <u>enter the new name of</u>	the limited liab	ility company here:		SEP TO AN III
The new name must be distinguishable and contain the w	ords "Limited Liabil	lity Company," the designation	"LLC" or th	e abbreviation [L.L.C."
Enter new principal offices address, if applications	abłe:	5426 NW Fox Squirrel Lane Apt. 103		
(Principal office address MUST BE A STREET ADDRESS)		Port Saint Lucie, FL 34986		
Enter new mailing address, if applicable:		5426 NW Fox Squirrel	Lane Apt.	103
Mailing address MAY BE A POST OFFICE BOX)		Port Saint Lucie, FL 34986		
B. If amending the registered agent and/registered agent and/or the new registered of  Name of New Registered Agent:	***		ecords, <u>ent</u>	er the name of the
Ni - D- i d OG - Add	5426 NW Fox	Squirrel Lane Apt. 103		
New Registered Office Address:		Enter Florida street	address	· · · - · · · · · · · · · · · · · · · ·
	Port Saint Luc	cie	_, Florida	34986
	-	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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
N/A N/A	N/A	NA	
			Remove
			Change
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		Re	☐ Remove
			☐ Change
		<del></del>	Remove
			Change

If amending any other	r information, enter chan	ige(s) here: (Attach	additional sheets, ij	necessary.)
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Mactive data if other	; - than the date of filing:	September 13, 2018		optional)
If an effective date is listed, Note: If the date inserte	the date must be specific and car	nnot be prior to date of file t the applicable statute	ling or more than 90 day	s after filing.) Pursuant to 605.0207 ( s, this date will not be listed as t
	a delayed effective date or the record is filed.	e, but not an effe	ctive time, at 12:	01 a.m. on the earlier of
Dated	777			
		nber or authorized repres		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00