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(Requestor's Name)				
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PICK-UP	☐ WAIT	MAIL		
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Certified Copies	Certificates	of Status		
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Special Instructions to	Filing Officer:			
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COVER LETTER

Registration Section
Division of Corporations

Tallahassee, FL 32314

TO:

•.	LLA MUSIC, LLC					
SUBJECT : Name of Limited Liability Company						
The enclosed / Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return al 1 correspo	ondence concerning this matter	to the following:				
	ARMANDO LATOUCHE IZAGUIRRE					
	Name of Person					
	CATABELLA MUSIC LI	LC				
	Firm/Company					
	7185 SW 16TH STREET					
		Address				
	PEMBROKE PINES, FL	33023				
		City/State and Zip Code				
	CATABELLAMUSIC@GN	MAIL.COM to be used for future annual report noti	fication)			
For further information c	oncerning this matter, please c	·				
ARMANDO LATOUCHE IZAGUIRRE		954 991-0699 at ()				
Name of Person			e Telephone Number			
Enclosed is a check for the	ne following amount:	,				
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Address: Registration Section		Street Address: Registration Sec	etion			
Division of Corporations		Division of Corporations				
P.O. Box 6327		The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CATABELLA MUSIC, LLC		5: b	
(Name of the Limi	ted Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited I Florida document number L18000207907	Liability Company were filed on $\frac{08}{2}$	and assigned	
his amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability company h	<u>ere</u> :	
he 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 appli	cable:		
Principal office address MUST BE A STREE	ET ADDRESS)	 	
			
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	<u>BOA)</u>		
3. If amending the registered agent and/or agent and/or the new registered office addre	_	ecords, enter the name of the new registe	
			
Name of New Registered Agent:	ARMANDO LATOUCHE IZAGUIRRE		
New Registered Office Address:	7185 SW 16TH STREET		
	Enter Flo	rida street address	
	PEMBROKE PINES	, Florida 33023	
	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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	5: Type of Action
MGR	LATOUCHE IZAGUIRRE.	ALEJANDRA C (CFO, MGR, AMBR)	□ Add
		7185 SW 16TH STREET	≣Remove
		PEMBROKE PINES, FL 33023	
			□ Add
			□Remove
			□ Change
	·		□Add
			[]Remove
			□Add
			□Remove
			Change
	 		□ Add
			□Remove
			Change
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated OCTOBER 5 2020 Signature of a member or authorized representative of a member ARMANDO LATOUCHE IZAGUIRRE

Typed or printed name of signee