419 0000 42862

(Req	uestor's Name)	
(Add	ross)	
(Addi	(635)	
(Addi	ress)	
(City)	/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Busi	iness Entity Nam	e)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	

Office Use Only



000326495840

6-71 - 19 -61 1 - - - 10 - ++25.00

19 MAR 25 AMIL: 17

pnumC

COVER LETTER .

TO: Registration Se Division of Cor					
	EAN MUSIC LLC				
SUBJECT:					
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	MISSIVA KHACER				
		Name of Person	·		
Firm/Company					
1900 N BAYSHORE DRIVE, UNIT 1A, SUITE 100					
	<u> </u>	Address			
	MIAMI, FLORIDA 33132				
		City/State and Zip Code			
	mkhacer@mtklawgroup.com				". 47.
For firsther information o	E-mail address: (oncerning this matter, please ca	to be used for future annual report notifi	cation)	9 MAR	
	oncerning this matter, please ca			73 71	
MISSIVA KHACER		331 2347334 at ()			200 0 X.0 1.EU
	f Person	Area Code Daytime	Telephone Number	AHI: 17	F STATE FORATIO
Enclosed is a check for the					₹.
■ \$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

Name of New Regist	ered Agent:				
registered agent and/or the n	iew registered office addi	ress here:			7
B. If amending the registoregistered agent and/or the m	ered agent and/or regist	tered office address or	our records, ente	er the name of th	e new
				=======================================	
				=======================================	CORPARATION AND STATE
(Mailing address MAY BE A	• •			n	
Enter new mailing address, i	f applicable:				77
				III. III.	
					<u>دون ک</u>
(Principal office address MUS	<u>ST BE A STREET ADDR</u>	<u> </u>			=-
Enter new principal offices a	ddress, if applicable:				
The new name must be distinguishat	ole and contain the words "Limi	ited Liability Company, the c	lesignation LLC or the	aboreviation I.IC.	
The new name must be distinguishab	d for a book at a second and the	1. 11 1. 11 1. 11 1	1	alleriaire of the	
A. If amending name, enter	the new name of the limi	ited liability company ho	<u>ere</u> :		
	•				
This amendment is submitted t	to amond the following:				
Florida document number L19	0000042862	_,			
The Articles of Organization for	or this Limited Liability Co	ompany were filed on Fe	bruary 12, 2019	and assigned	
	(A Fiorida	Emmed Emotity Company			
 -	(Name of the Limited Liabilit (A Florida	ty Company as it now appear	rs on our records.)		

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	ADRIAN JEAN	H00 WEST AVENUE UNIT \$20	□ Add
		MIAMI BEACH, FL 33139	
			■ Remove
			Change
MGR	ADRIAN JOHNSON	1100 WEST AVENUE UNIT 820	■ Add
		MIAMI BEACH, FL 33139	
			Change
			
			Remove
			Change
			☐ Remove
			Change
			Remove
			□ Change
		400 4000 1000	☐ Remove
			□ Change

				_			
							_ _ _
				<u> </u>			·
<u>-</u>							
			. _			<u> </u>	
				<u>.</u>			
							
			<u></u>				
			 :				
							
						<u> </u>	
lf an effectiv <u>Note:</u> If t	date, if other than we date is listed, the da- the date inserted in the is effective date on the	te must be specific a his block does not	ind cannot be prior t t meet the applica	o date of filing or ible statutory fil	more than 90 days	optional) s after filing.) Pursua s, this date will no	unt to 605,0207 of be listed as
document				: an effective	time, at 12:	01 a.m. on the	e earlier of
ne record	d specifies a del th day after the						
ne record The 90				T 4	2		
ne record The 90	th day after the		d.		2		

Page 3 of 3

Filing Fee: \$25.00