## L19000045199

(Requestor's Name)				
(Address)				
(Ad	idress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
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2021 APR 16 PM 3: 20
SECRETIAN OF STATE

Office Use Only

4/19/21



March 25, 2021

BEYA DABISSO 4645 BIG BEN LANE LAKE WORTH, FL 33463

SUBJECT: BEYA MUSIC PUBLISHING, LLC

Ref. Number: L19000045199

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s). All pages must be returned in order to file the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Moore Regulatory Specialist II

www.sunbiz.org

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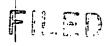
Letter Number: 421A00006320

## **COVER LETTER**

TO:

TO: Registration Division of C			
	IUSIC PUBLISHING LLC		
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
	BEYA DABISSO JR		
		Name of Person	
	BEYA MUSIC PUBLISH	ING LLC	
	-	Firm/Company	
	4645 BIG BEN LANE	1	
		Address	
	LAKE WORTH FL 33463	3	
		City/State and Zip Code	
	BEYASOUNDZ@GMAIL	.COM (to be used for future annual report notification)	
For further information	n concerning this matter, please c		
BEYA DABISSO		561 727 -7153	
Nam	e of Person	Area Code Daytime Telephone Number	
Enclosed is a check fo	r the following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ Certified Copy (additional copy is enclosed)	
		!	
Mailing Add		Street Address:	
Registration		Registration Section Division of Corporations	
Division of Corporations P.O. Box 6327  Division of Corporations The Centre of Tallahassee			
Tallahassee		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

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



BEYA MUSIC PUBLISHING LLC

2021 APR 16 PH 3: 20

\*\*Company as it now appears on our regords.\*\*

(Name of the Limited Liability Company as it now appears on our regords.\*\*

(A Florida Limited Liability Company)

TALLAHASSEE, FI The Articles of Organization for this Limited Liability Company were filed on  $\frac{02}{14}/2019$ and assigned Florida document number \_ L19000045199 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: BEYASOUNDZ STUDIO LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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  $\dot{I}$  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

If amending Authorized Person(s) authorized to manage,	enter the	title,	name,	and	address 1	of each	person	being	added
or removed from our records:					1				

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
		<del></del>	□Change
			□Add
		<del> </del>	Change
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			□Add
			☐Remove
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If amending any other information, enter change(s) here: (Attach additional)	tional sheets, if necessary.)
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Effective date, if other than the date of filing:  If an effective date is listed, the date must be specific and cannot be prior to date of filing or Note:  If the date inserted in this block does not meet the applicable statutory fil document's effective date on the Department of State's records.	
te record specifies a delayed effective date, but not an effective time, at 12:01 a.m. ord is filed.	a. on the earlier of: (b) The 90th day after the
Dated	•
Signature of a member or authorized representation	ve of a member
BEYA DABISSO JR	·
Typed or printed name of signee	· · ·