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COVER LETTER

TO:

Registration Section

Division of Cor	porations						
SUBJECT: Matth	ews Moatuar Name of Lim	Y Tran Sport ited Liability Company	Services LLC				
•							
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.					
Please return all correspo	ndence concerning this matter	to the following:					
	<u> Xyvina U</u>	Name of Person					
	Matthews M	Portuary transpor	t Services LLC				
		Firm/Company	202 ავ				
	8931 NW 781	rn Place Apt 437 Address	2021 SEP 24 PM 2: 1 SCRETARY OF STATE STATE AND SESSEE FOR				
	Tamarac, F	City/State and Zip Code	P 24 PH 2				
	aseng production E-mail address:	ns l@ Grail. am to be used for future annual report not	ification)				
For further information c	oncerning this matter, please c	all:					
Xyvina Willia Name o	ms Mathews	at (454) 876 - Area Code Daytin	ne Telephone Number				
Enclosed is a check for the	ne following amount:						
☑ \$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)				
<u>Mailing Addres</u> Registration S		Street Address: Registration Se	ection				
Division of Corporations		Division of Corporations					
P.O. Box 632		The Centre of 1					
Tallahassee, I	L 32314	Z413 IN. IVIONTO	e Street, Suite 810				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Matthews Mortuary	
(<u>Name of the Limited Liabil</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability C	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limi	ted liability company here:
A'Song Audio/Video Produ	ited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	710 Pondella Road
(Principal office address MUST BE A STREET ADDR	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	North Fort Myers, FL 33903 To Pondella Road Suite 7 PMB 2019 North Fort Myers FL 33903
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our records, enter the name of the new registered
	vina Williams Matthews
New Registered Office Address:	10 Pondella Road Suite 7 PMB 2019 Enter Florida street address
Noc	th Fort Myers, Florida 33 903 City Zip Code
You: Designated Agent's Signature if shanging Designators	I Agonti

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.

Lyind William Matters

lf 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
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			□Remove
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fective date, if other to the effective date is listed, the ote: If the date inserted cument's effective date	e date must be specific as in this block does not	nd cannot be prior to t meet the applica	able statutory fili	nore than 90 days aff	tional) ter filing.) Purs his date will	want to 66 not be lis	05.0207 sted as
ecord specifies a delayed is filed.	l effective date, but no	ot an effective tii	me, at 12:01 a.m.	on the earlier of:	(b) The 90t	h day aft	er the
ted 9-20-	2021		<u> </u>				
	Typin We Signature of a	Muss a member or autho	Matte orized representative	e of a member			
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