L19000076494

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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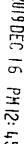
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COVER LETTER

| TO: Registration Se Division of Cor | | | |
|--|---|--|--|
| SUBJECT: \\\ | 1eus WORLD Name of Limi | TUSIC C. C. | . C |
| The enclosed Articles of | Amendment and fee(s) are sub- | mitted for filing. | |
| Please return all correspo | ndence concerning this matter | to the following: | |
| | DARY! R | Name of Person | · |
| | | Firm/Company | |
| | 4220 TURN | benny circle AP | T/6 |
| | | City/State and Zip Code Swall. Color be used for future annual report notification. | ication) |
| For further information c | oncerning this matter, please ca | all: | |
| DAY Rom Name o | <u>eus</u> f Person | at (<u>561</u>) <u>859-3</u> Area Code Daytime | e Telephone Number |
| Enclosed is a check for the | ne following amount: | | |
| S\$\$25.00 Filing Fee | S30.00 Filing Fec & 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability Compa) (A Florida Limited Liability Compa) | ny as it now appears on our records.) iability Company) |
|---|---|
| The Articles of Organization for this Limited Liability Company Florida document number <u>L19000076 494</u> . | were filed on 03/19/2019 and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liabile. A. If amending name, enter the new name of the limited liabile. The new name must be distinguishable and contain the words "Limited Liabile." | |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | 4220 Turnberry Circle Arith16 LAKE WORTH FL 33467 |
| Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BOX) | 20 9 DEC |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent: | ddress on our records, enter the name of the new registered |
| New Registered Office Address: | |
| | Enter Florida street address |
| | , Florida |
| New Registered Agent's Signature, if changing Registered Agent: | Chy Zip Code |
| I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p | performance of my duties, and I am familiar with and |

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. | VANESSA EXAVIÉR | 4199 N. landar drive | ØAdd |
| | | LAKe worth FL 33463 | □Remove |
| | | | □Change |
| MGR | JEFF Romeus | 4200 TunNberry circle | \$\frac{1}{2}\text{Add} |
| | | AM7716 | □Remove |
| | | LAKE WORTH FL 33467 | □Change |
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| | e date must be spec in this block does | ific and cannot be p s not meet the ap | plicable statutory | or more than 90 days a | ptional) fter filing.) Pursuant to 60 this date will not be lis | |
| ord specifies a delaye filed. | d effective date, t | out not an effectiv | ve time, at 12:01 a | .m. on the earlier of | : (b) The 90th day aft | er th |
| d 12-12 | -19 | · | · | | | |
| | Signatur | re of a member or a | uthorized representa | tive of a member | | |
| | | ^ |) S rinted name of signo | | | |