119000093954

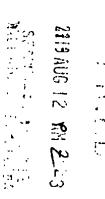
(Re	equestor's Name)	
(Ad	dress)	
DA)	dress)	
— (Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	





300332836123

Ũ8/12/19--01018--026 +∗25.00



Y SULKER AUG 1 5 2019

COVER LETTER

TO: Registration Sec Division of Corp			
SURJECT: Ma	lisia Records LL Name of Limi	C	
	Name of Limi	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Albert S	Santiago Name of Person	
	4.— 1.—	Name of Person	
	Malisia Re	cords LLC	
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	22240 Mida	vay Blud	
		Address	
	Port Cha.	vlotte FL 339. City/State and Zip Code vd@ Gmail.com	52
		City/State and Zip Code	
	Malisiavecon	o be used for future annual repo	et notification)
	·	·	n nouncation)
For further information co	oncerning this matter, please ca	ıll:	
Albert San	tiago	at (<u>94/</u>) <u>Z</u>	286-4044
Name of	Person	Area Code E	Paytime Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	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

41/11 0 1-116

Malisia Records LLC	
(Name of the Limited Liability Company as it now appears on our re (A Florida Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Company were filed on <u>04-0-</u> Florida document number <u>L 190000 93 954</u>	4-19 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The 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 applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	34 (0 th3
B. If amending the registered agent and/or registered office address on our recregistered agent and/or the new registered office address here:	ords, enter the name of the name.
Name of New Registered Agent:	£ 5
New Registered Office Address: Enter Florida street ad	ddress
	, Florida
City	Zin 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>	<u>Name</u>	<u>Address</u>	Type of Action
<u>AMBR</u>	Albert Santiago	22240 Midway Blud Port Charlette	<i>FL</i> 33 95 乙 <u></u> 四 Add
			Remove
			Change
			🗆 Add
			Remove
		· · · · · · · · · · · · · · · · · · ·	Change
			Add
			□ Remove
			Change
			_□ Add
			Remove
			Change
			Add
			_□ Remove
			_□ Change
			Add
			_□ Remove
			_□ Change

	Add FEI/EIN Number #834427262
	1/1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
	
-	
_	
(If an effect Note: If	e date, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed.
Dated	<u></u>
	Signature of a member or authorized representative of a member
	Albert Santiago Typed or printed name of signer
	Typed or printed name of signar

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00

Date of this notice: 04-16-2019

Employer Identification Number:

83-4427262

Form: SS-4

Number of this notice: CP 575 G

MALISIA RECORDS LLC ALBERT SANTIAGO SOLE MBR 22240 MIDWAY BLVD PT CHARLOTTE, FL 33952

For assistance you may call us at 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned yo EIN 83-4427262. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very importa that you use your EIN and complete name and address exactly as shown above. Any variati may cause a delay in processing, result in incorrect information in your account, or eve cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

A limited liability company (LLC) may file Form 8832, Entity Classification Electic and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- Use this EIN and your name exactly as they appear at the top of this notice on a your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write us at the address shown at the top of this notice. If you write, please tear off the st at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is MALI. You will need to provide this information, along with your EIN, if you file your returns electronically.