5/10/2019

Division of Corporations



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Division of Corporations

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From:

Account Name : JORGE L. GURIAN P.A.

Account Number : I20010000123 Phone

: (305)931-0541 : (305)931-0568

Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PERNI MUSIC LLC

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MAY 1 3 2019

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PERNI	MUSIC LLC	
(Name of the Limited Liability (A Florida L	Company as it now appears on our record imited Liability Company)	<u>1s.)</u>
The Articles of Organization for this Limited Liability Con Florida document number <u>L19000107863</u>	mpany were filed on 4/19/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC	C' or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
	<del></del>	2019 H
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office addre		ls, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	w.
	, ,F	lorida
	City	Zip 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>	Name	Address	Type of Action
MGR	JACQUELINE NEHME	1805 PONCE DE LEON BLVD	□ Add
		SUITE 400	Remove
		CORAL GABLES, FL 33134	
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f an effective da <u>Note:</u> If the d	te, if other than the date are is listed, the date must be splate inserted in this block diffective date on the Departr	ecific and cannot be prior to date of to ses not meet the applicable status	(option filing or more than 90 days after 6 fory filing requirements, this d	ling.) Pursuant to 605.0207 (3)
	pecifies a delayed effe day after the record I	ective date, but not an effe s filed.	ective time, at 12:01 a.i	m. on the earlier of:
Dated	MAY 10			
_	Sign	Tufe of a member of authorized repri	scutative of a member	
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