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15.

Amend

### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Mellow Muzik LLC  Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Derrich Devoris martin JR Name of Person
Mellow Muzin LLC Firm/Company
15301 NW 32nd C+
City/State and Zip Code  Bncmig@gmail.com  E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Derrick Martin JR at (786) 716-0363  Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee, 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 I	pany as it now appears on our records.) I Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L1900174133</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab  BNC Snowing Miamile Lac  The new name must be distinguishable and contain the words "Limited Liabile"	.C
Enter new principal offices address, if applicable:	15301 NW 32nd Ct
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	11 E 1 1 28
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:	address on our records, enter the name of the new registe
New Registered Office Address:	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent and agre	

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>	Address	Type of Action
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Date	mara	ch o	3	2020	<u> </u>				
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Filing Fee: \$25.00