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Office Use Only



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S. ROMERTO

COVER LETTER

	Registration Se Division of Cor						
cup te c		GOAL MUZIC LLC					
SUBJEC	:T:	Name of Limited Liability Company					
The encl	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.				
Please re	turn all correspo	ndence concerning this matter	to the following:				
		CARLOS FIGUEIRA					
	Name of Person						
	CLFC AND ASSOCIATES LLC						
	Firm/Company						
		Address DORAL, FL 33166					
			City/State and Zip Code				
		INFO@CLFCSOLUTIONS					
			to be used for future annual repor	rt notification)			
For furth	er information c	oncerning this matter, please co	all:				
CARLOS FIGUEIRA			305 721-298	88			
	Name o	f Person		aytime Telephone Number			
Enclosed	l is a check for t	he following amount:					
	.00 Filing Fee 5.00	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
	Mailing Address: Registration Section		<u>Street Addre</u> Registratio				
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Division of Corporations					
		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810					
		エル フムフトサ	2413 IV. IVI	omoc Bucci, built off			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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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>	Address	Type of Action
			□Add
			Remove
			Change
			Remove
			Change
			□ Add
			Remove
			Change
			□Add
			□Remove
			Change
			□Add
			Remove
			□Change
			
			□ Remove
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lf amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
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Note:	optional) ore date, if other than the date of filing: ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
he record ord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated_	MAY 18 2023
	A w
	Signature of a member or authorized representative of a member
	ALEXANDER SCHECHNER COHEN
	Typed or printed name of signee