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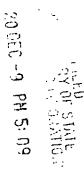
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## **COVER LETTER**

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SUBJECT: 10 E	Name of Lim	ited Eiability Company		
	Amendment and fee(s) are sub			
	1-tously Jea	Name of Person		
	Hansly Jew MEFLAB Musi	C LLC Firm/Company		
		OCK RLVD, APT 16-1 Address		
	Port Saint Lucie,	FL, 34986		
	Keituro: raynara E-mailaddress: (	FL, 34986 City/State and Zip Code CK QG Mail. OM to be fiscal for future annual report notif	ication)	20 DEC -
For further information co	oncerning this matter, please ca	all:		ф ,
Haristey Jean	v/1 Person	at ( <u>561</u> ) <u>207</u> - Area Code Daytimo	COZI  Telephone Number	PH 5: 09
Enclosed is a check for th	ne following amount:			
□ \$25.00 Filing Fee	区 \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed:	☐ \$60.00 Filing F Certificate of \$ Certified Copy tadditional copy is	Status &
Mailing Addres Registration S		<u>Street Address:</u> Registration Sec	etion	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

MEFCAB MUSIC LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{12/3}{2020}$ and assigned Florida document number <u>L19000 233481</u> 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 "LLC" 130 SW PEALOCK BLVD, APT 16-105. Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) P.O. Box 470751 Furora, (0, 80047 Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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.

Cuv

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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	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an ef <u>Note:</u>	ive date, if other than the date of filing:
ie recor ord is ti	rd 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 led.
Dated	Friday, December 04". 2020.
	Signature of a thember or authorized representative of a member
	Hansley Jean Typed or printed name of signee