L19000249419

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instruction	s to Filing Officer:
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2022 AUG 26 FN 2: 27

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COVER LETTER

TO:	Registration So Division of Cor			
eu:bic		MUSIC LLC		
SUBJE	CI:	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub ondence concerning this matter	•	
		ALDO HOUARI SALVEI	NT	
			Name of Person	
		SUNBEAT ENTERTAIN	MENT LLC	
			Firm/Company	
		12860 SW 133RD TER		
			Address	· · · · · · · · · · · · · · · · · · ·
		MIAMI, FL 33186		
			City/State and Zip Code	
		acostaestevezacet@gmail.co		
			to be used for future annual report notif	ication)
For furth	er information o	oncerning this matter, please ca	all:	
ACOST	A ESTEVEZ		305 592-5240	
	Name o	f Person	at () Area Code Daytime	: Telephone Number
Enclosed	l is a check for th	ne following amount:		
■ \$2 5.	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations

P.O. Box 6327

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Buildine

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SALVENT MUSIC LLC

company has been notified in writing of this change.

2022 AUG 26 AM 9: 56

(<u>Name of the Limited Liability Company a</u> (A Florida Limited Liabi	it now appears on our rec ity Company)	ords.) OF STATE
The Articles of Organization for this Limited Liability Company wer Florida document number L19000249419	e filed on 10/03/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	company here:	
SUNBEAT ENTERTAINMENT LLC		
The new name must be distinguishable and contain the words "Limited Liability C	ompany," the designation "L	.LC" 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)		
		
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on our recor	rds, enter the name of the new
registered agent and or the new registered office address nere:		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	mare
	, I Сіл [,]	Florida
New Registered Agent's Signature, if changing Registered Agent:		Dip Colle
	and the second	
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete perfaceept the obligations of my position as registered agent as provibeing filed to merely reflect a change in the registered office additional contents.	ormance of my duties, ded for in Chapter 605	and I am familiar with and 5. F.S. Or if this document is

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			☐ Remove
			Change
			Add
			☐ Remove
			□ Change
			Remove
			Change
			Add
			Remove
			Change
			
			□ Remove
			Change
			Add
			☐ Remove
			☐ Change

•				

			······································	
				
				
				
		•		
		_		
ffective date, if other than the date on effective date is fisted, the date must be lote: If the date inserted in this block occurrent's effective date on the Department.	specific and cannot be pri does not meet the appl	icable statutory filin	ore than 90 days after fil g requirements, this d	ling.) Pursuant to 605,0207
e record specifies a delayed ef The 90th day after the record	fective date, but r is filed.	ot an effective t	ime, at 12:01 a.r	m. on the earlier o
ated AUGUST 25	2022			
	abola	OH .		_
Sign	nature of a member or au	horized representative	of a member	

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Filing Fee: \$25.00