L19000 275250

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COVER LETTER

COVERLETTER						
TO: Registration Section Division of Corporations						
SUBJECT: Pryte Tyte Husic Group 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:						
Sade Tobio Name of Person						
Pryte Tyte Husic Group LLC Firm/Company						
3251 NW 102nd Terr Address						
Coral Springs FL 33065 City/State and Zip Code						
PryHeTyHeHusicGroup @ GHail.com E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Sade Tobio Name of Person at (954) 882-5104 Area Code Daytime Telephone Number						
Enclosed is a check for the following amount:						
S25.00 Filing Fee S30.00 Filing Fee S4 Certificate of Status Certified Copy (additional copy is enclosed) S55.00 Filing Fee S4 Certificate of Status S55.00 Filing Fee S60.00 Filing Fee, Certificate of Status S60.00 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 Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Comp	oany were filed on 110	4/19	and assigned	
Florida document number <u>L 19000275250</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 I	Liability Company," the designat	ion "LLC" or the abbr	reviation "L.L.C."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS	<u> </u>			
				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records	s, <u>enter the name</u>	of the new registered	
Name of New Registered Agent:	-			
New Registered Office Address:	F (1)			
	Enter Florida street address			
	City	Florida	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 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
HGR.	Stract, bareen	3251 NW 102nd Tecc	□Add
		3251 NW 102nd Tecc Cocal Springs FL, 33065	🛎 Remove
			□Change
			🗆 Add
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