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(Re	questor's Name)	
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: MA'AT M	MUZIK LLC	
Name	of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) a	are submitted for filing.	
Please return all correspondence concerning this	matter to the following:	70 13
Alexa	ndria Jackson	JUL 18 PM 2: 07
M.	AT Muzik UC Firm/Company	→ 2: 01
13999	Molina Dr.	
	Ville FL 32254 City/State and Zip Code	
aj - King E-mai Od	_ 1 @ outlook · Com (u ldress: (to be used for future annual report notification)	nderscores)
For further information concerning this matter, pl	lease call:	
A clson Name of Person	at (904) 878 51 Area Code Daytime Telephone	(2 e Number
Enclosed is a check for the following amount: \$25,00 Filing Fee Certificate of Sta	atus Certified Copy (additional copy is enclosed)	60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: 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

MAT MUZIK LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(Name of the Limited Liabi (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number <u>L1900029143</u>	Company were filed on $11/25/2019$.	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
NATURE GANG LOGIST The new name must be distinguishable and contain the words "Li	TTCS LLC mited Liability Company," the designation "LLC" or the abbrevia	ation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORESS)	5 (A) (N) (N)
	•	<u> </u>
Enter new mailing address, if applicable:		1 3 11
(Mailing address MAY BE A POST OFFICE BOX)		÷ 5
	<u></u>	07
B. If amending the registered agent and/or registered agent and/or the new registered office address here:		the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	p 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
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			□Remove
			☐ Change
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lote: If the d	e, if other than the date is listed, the date must be ate inserted in this bloc fective date on the Dep	k does not m	eet the applica	o date of filing or ble statutory fili	more than 90 days	optional) after filing.) Pu s, this date wil	rsuant to 605.02 I not be listed
record specif I is filed.	ies a delayed effective o	late, but not :	an effective tin	ne, at 12:01 a.m	on the earlier o	of: (b) The 90	th day after th
ated /	July 5th	,	2022	<u></u> -			
			111	. /			
			7//-	fized representative	-		