L19000293261

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12/8/20

COVER LETTER

	Registration Se Division of Cor				
	Arvani Mu				
SUBJECT: Name of Limited Liability Company					
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
		indence concerning this matter	-		
		Cody Pellicer, Esq			
			Name of Person		
		The Hachar Law Firm, P.A	۸.		
		-	Firm/Company	, =	
		8100 Oak Lane, Suite 401			
			Address		
		Miami Lakes, FL 33016			
			City/State and Zip Code	 _	
		cody@hachargroup.com			
		E-mail address: (to be used for future annual report no	dification)	
For furth	er information c	oncerning this matter, please co	all:		
Cody Pellicer, Esq.		305 200-1308			
Name of Person		at () Area Code Dayti	me Telephone Number		
Enclosed	l is a check for th	ne following amount:			
■ \$25.	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		Street Address: Registration S	ection		
Division of Corporations		Division of Corporations			
	P.O. Box 632 Tallahassee. 1		The Centre of 2415 N. Monr	Tallahassee oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Arvani Music LLC

(<u>Name of the Limited Lial</u> (A Flor	bility Company as it now appeared Limited Liability Company)	irs on our records.)	
The Articles of Organization for this Limited Liability Florida document number L19000293261	y Company were filed on	2/02/2019	and assigned
This amendment is submitted to amend the following:	:		
A. If amending name, enter the new name of the li	imited liability company h	ere:	2020
The new name must be distinguishable and contain the words "L	imited Liability Company," the	designation "LLC" or the a	bbreviation il.C
Enter new principal offices address, if applicable:			30 [E
(Principal office address MUST BE A STREET AD)	<u>DRESS)</u>		型 O
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or register agent and/or the new registered office address here	red office address on our r	ecords, <u>enter the</u> nan	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flo	rida street address	
New Registered Agent's Signature, if changing Register	City	Florida	Zip Code
I hereby accept the appointment as registered agenorovisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this change	nt and agree to act in this I complete performance of agent as provided for in C rred office address, I herei	my duties, and Lam Chapter 605, F.S. Or,	familiar with and 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 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	JONATHAN Thiel	6866 LOST GARDEN TER, PARKLAND, FL 33076	5 □Add
			_ ≅ Remove
			_ □Change
<u></u>			Add
			Breme 3
		· · · · · · · · · · · · · · · · · · ·	Add ORemol LED OATH
			_ @AGG
			_ □Remove
			_ □Change
			_ □Add
			_ □Remove
			_ □Change _ □Add
			_ □Remove
			_ □Change
			_ □Add
			_ □Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. October 27th 2020 Dated Signature of a member or authorized representative of a member KRISH MAHTANI

Typed or printed name of signee