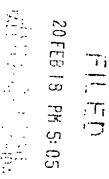
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	(Requestor's Name)
	(Address)
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COVER LETTER

MCVILLY SUBJECT:	BEATS LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subt	nitted for filing.	
Please return all correspo	ondence concerning this matter t	to the following:	
	LOVETTE DOBSON		
		Name of Person	
	INCFILE.COM LLC		
	·	Firm/Company	
	17350 STATE HWY 249 S	STE 220	
		Address	
	HOUSTON, TX 77064		
		City/State and Zip Code	
	EFILE1234@INCFILE.CO		<u></u>
	E-mail address: (to be used for future annual report notifica	Hion)
For further information of	concerning this matter, please ca	ıll:	
LOVETTE DOBSON		855 829-9090 at ()	
Name o	of Person	Area Code Daytime T	elephone Number
Enclosed is a check for t	he 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)
MAII	ING ADDRESS:	STREET/COURIE	R ADDRESS:

Registration Section Division of Corporations

TO:

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MCVILLY BEATS LLC

(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our reability Company)	cords.)
The Articles of Organization for this Limited Liability Company v. Florida document number <u>L20000018498</u>	were filed on 01/10/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
JUNIOR BEATZ LLC		_
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation	'LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
	ng address, if applicable: MAY BE A POST OFFICE BOX)	
[Finishar office dadress in 651 BE NOTKIET INDUISES]		
		00
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:	fice address on our rec	cords, enter the name of the new
New Registered Office Address:	Enter Florida street a	uldrass
	Lifter I fortalt sireer to	
	City	_, Florida Zip Code
and the second second second second	•	Lip cour
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this capacity performance of my dution provided for in Chapter (es, and I am familiar with and 605, 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

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			☐ Change
			Remove
			Change
			E Change
			25 Add
			Remove
			Change
			Remove
			□ Change
			Add
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Effective date, if other than the date fan effective date is listed, the date must be	ite of filing:	prior to date of fi	ling or more than 90	(option days after fil	al) ing.) Pur	suant to	605.0207
Note: If the date inserted in this block document's effective date on the Department.	c does not meet the ap	plicable statut	ory filing requirer	nents, this d	ate will	not be	listed as
document's effective date on the Depa	irtinent of State's feet	JIUS.					
ne record specifies a delayed e The 90th day after the record		not an effe	ctive time, at	12:01 a.r	n. on (the ea	rlier of
Dated FEBRUARY 10 Kenny Mol	2020	·					

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00