## KZO 0000 19983

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	•	COVER LETTER	
TO: Registration S Division of Co			
	E MUSIC LLC		
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SUBJECT	Nanc of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Lisa A. Cervantes, Esq., Ll	M	
	iP LEGAL STUDIO, LLC	Name of Person	
		Fien/Company	
	984 Surfbird Way	Count, mapany	
		Address	
	Oceanside CA 92057		
	iplegalstudio@gmail.com	City/State and Zip Code	
	E-mail address. (	to be used for future annual report a	otification)
For further information of	concerning this matter, please c	all:	
Lisa A. Cervantes, Esq.,		323 333-2553	
Name (	# Person	at () Area Code Days	time Telephone 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
Mailing Addre	<del></del>	Street Address:	
Registration		Registration 5	
Division of C P.O. Box 631		Division of C The Centre of	•
Tallahassee.			roe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ANTHESSERVIOLE GLA	tad Linbility Compa	ine as it now annears on our	recursis )	***************************************
(A time of the Citis)	(A Florida Limited)	ny as it now appears on our Liability Company)	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
The Articles of Organization for this Limited I Florida document number 1.20000019983		were filed on	13, 2020	and assigned
his amendment is submitted to amend the fol	lowing:			
. If amending name, enter the new name of	of the limited liab	dlity company here:		
he new name must be distinguishable and contain the	conds "Limited Liabi	lity Campany." the designation	"LLC" or the abb	reviation "L.L.C."
·		6154 7th Ave N		
Enter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)		St. Petersburg, FL 33710		
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)		6154 7th Ave N		
		St. Petersburg, FL 33710	AS X	19
	**************************************		HASSEE, FL	ë ₩ D
			STA	ġ D
3. If amending the registered agent and/or	registered office	address on our records.	enter the name	oBhe new regis
gent and/or the new registered office addre	ess here:			
Name of New Registered Agent:				
New Registered Office Address:	6154.7th Ave 8			
ison registered office Address.		Emer Florida street	address	
	St. Percisburg		Florida 3371	Tip Code
		City	4 31/3 91883 ,	Zip Cosk

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 abligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filled 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
			□Add
			□Remove
			□ Change
			□Add
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			□Change
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Effective date, if other than the date of filing:			
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	\$ 10 A A 7717DASA 8709		
		Typed or printed name of signee	