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(Re	questor's Name)	
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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COVER LETTER

TO:

Registration Section

Division of Cor	porations		
live the lyr	ics IIc		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Vincent Coll		
		Name of Person	
	live the lyrics llc		
		Firm/Company	
	2630 walden ct		
		Address	
	Kissimmee florida 34743	3	
		City/State and Zip Code	
	livethelyrics333@gmail.co		
	E-mail address: (to be used for future annual report not	fication)
For further information of	concerning this matter, please c	all:	
Vincent Coll		917 9456233 at ()	
Name (f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
S25.00 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 Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 7 2415 N. Monro Tallahassee, F1	rporations Fallahassee be Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

live the lyrics

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

			٠
The Articles of Organization for this Limited	Liability Company were file	ed on <u>2/24/2020</u>	من and as
Florida document number 20000061479			
	<u> </u>		
This amendment is submitted to amend the fo	lowing:		
A. If amending name, enter the new name	of the limited liability com	pany here:	
	·		
The new name must be distinguishable and contain the	words "Limited Liability Compa	any," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if appl	cable:	·	
(Principal office address MUST BE A STRE	ET ADDRESS)	<u> </u>	
	· 		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u> </u>		
B. If amending the registered agent and/or		on our records, <u>enter t</u>	he name of the new registered
agent and/or the new registered office addr	ess here:		
N. CN. D. L. LA	Vincent Coll		
Name of New Registered Agent:			
New Registered Office Address:	2630 walden ct		···
		Enter Florida street address	
	Kissimmee	, Flo	rida 34743
	City	- · -·	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
mgr	Vincent Coll	2630 walden ct Kissimmee fl 34743	
		<u> </u>	□ Remove
			□Change
			🗆 Add
			□ Remove
			🗀 Add
			□ Remove
			□Change
			□Add
			🗖 Remove
-		□Add	
			□Remove
			□Change
		□Add	
			□ Remove
			□ Change

	-
#7 ###	
(If an e Note:	tive date, if other than the date of filing:
he reco	ord 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 filed.
Dated	9/29/2020
	Signature of a member or authorized representative of a member
	Vincent Coll
	Typed or printed name of signee