

L20 000094875

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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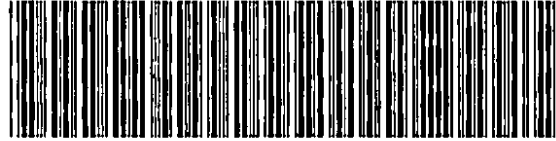
(Business Entity Name)

(Document Number)

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MAR 12 2021
S. YOUNG

FILED
2021 JAN 28 AM 7:10

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INSOMINAK RECORDING STUDIO LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jamal De Leon

Name of Person

Firm/Company

16241 SW 104 CT

Address

MIAMI, FL 33157

City/State and Zip Code

jamaldeleon1@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jamal De Leon

786

853 - 3530

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

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**

INSOMINAK RECORDING STUDIO LLC

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

2021 JAN 28 AM 7:10

The Articles of Organization for this Limited Liability Company were filed on 04/08/2020 and assigned

Florida document number 1.20000098875

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

INSOMNIAC RECORDING STUDIO LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

14262 SW 140 ST

Principal office address MUST BE A STREET ADDRESS)

SUITE 101

MIAMI, FL 33186

Enter new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX)

If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

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 understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is 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 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

[illegible]

[illegible]

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.

cd JANUARY 23 2021

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00