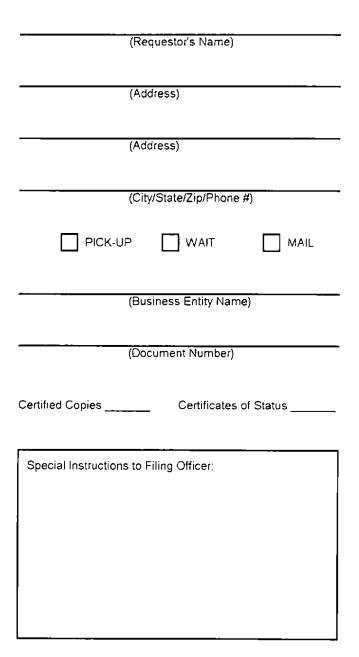
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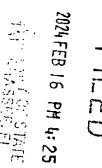


Office Use Only



400423776854

02/16/24--01018--012 **25.00



COVER LETTER

Registration Section

TO:

Division of Cor	porations		
FRANZ.MI	P3, LLC		
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:	
	Franz Hilberath		
		Name of Person	 -
		Firm/Company	
	119 Poinciana Lane		
		Address	
	Largo, FL 33770		
		City/State and Zip Code	
	franzmp3music@gmail.com	to be used for future annual report noti	(figurian)
Var further information of	concerning this matter, please c		(neation)
	concerning this matter, prease c	727 8717878	
Franz Hilberath		at ()	
Name o	of Person	Area Code Daytim	ne 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 Registration Division of C P.O. Box 63. Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 7 2415 N. Monro Tallahassee, FI	rporations Fallahassee oc Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Franz.mp3, LLC			
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our red d Liability Company)	eords.)	
The Articles of Organization for this Limited Liability Compar	ny were filed on 04/13/2020		and assigned
Florida document number L20000102048			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liz	ability company here:		
MP3 PR, LLC			
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "	LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
		i(,	024
		,	
Enter new mailing address, if applicable:		1.00 1.00 1.00	6
(Mailing address MAY BE A POST OFFICE BOX)			P TI
Muning duaress MAT DE ATOST OFFICE DOLY		7.0	F U
			25
B. If amending the registered agent and/or registered offic	e address on our records, en	:'. iter the nam	
agent and/or the new registered office address here:			
Name of New Registered Agent:	<u> </u>		
N B : 107 AH			
New Registered Office Address:	Enter Florida street ac	ldress	· · · · · · · · · · · · · · · · · · ·
		lilo mi do	
	City	, Florida	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>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□ Change
			□∧dd
			□Remove
			□Change
			\ \tag{\text{Add}}
			□Remove
		4	Change
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			Change
		<u> </u>	□Remove
			Change

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