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COVER LETTER

TO: Registration So Division of Co		•				
(Records & Entertainment, LLC					
SUBJECT:	Name of Lin	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Natalie P. Katsaras					
		Name of Person				
	Jones Walker LLP					
	<u> </u>	Firm/Company				
201 South Biscayne Boulevard, Suite 3000 Address						
	Miami, FL 33131					
	nkatsaras@joneswalker.cor	City/State and Zip Code				
	E-mail address: (to be used for future annual report notif	lication)			
For further information c	oncerning this matter, please c	all:				
Natalie P. Katsaras		305 679-5700 at()				
Name o	f Person	Area Code Daytime	e Telephone Number			
Enclosed is a check for the	he following amount:					
□ \$25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)			
Mallian Oddani		Samuel Addan				

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

Moonboy Records & Entertainment, LLC		
(<u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our records.) .imited Liability Company)	
The Articles of Organization for this Limited Liability Co	mpany were filed on \(\frac{04'16/2020}{}	and assigned
Florida document number 1.20000105175		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
Apollo Records, LLC		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	ESS)	
		n*
Enter new mailing address, if applicable:		<u>.</u> -
(Mailing address MAY BE A POST OFFICE BOX)		
		į`
B. If amending the registered agent and/or registered	office address on our records, <u>enter th</u>	e name of themew regist
agent and/or the new registered office address here:		(
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	ida
	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>	Name	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
			
			□Remove
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Effective date, if other than the offerive date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	ck does not meet the applicat	o date of filing or more than 9 ble statutory filing require	(optional) 0 days after filing.) Pursuant to ments, this date will not be	605 0207 (3 listed as th
he record specifies a delayed effective ord is filed.	date, but not an effective tim	ne, at 12:01 a.m. on the ea	rlier of: (b) The 90th day a	fter the
Dated August 17	. 2023			
J.	Signature of a member or authori	ized representative of a mem	her	
Juan E. Serralles				
	Typed or printed	I name of signee		