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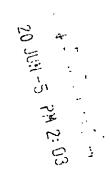
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## **COVER LETTER**

TO:

Registration Section

Division of Co	rporations		
	ony School of Music, LLC		
SUBJECT:	Name of Lim	ited Liability Company	20 **
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	Politing to Partie of the Parties of
	Misha Quint		· ·
		Name of Person	
	InterHarmony Int'l School	of Music, LLC	
	<u> </u>	Firm/Company	
	3221 S Ocean Blvd Apt 2-	805	
		Address	<del></del>
	Highland Beach, FL 33487	7	
		City/State and Zip Code	
	musicschool@interharmony	•	
	E-mail address: (	to be used for future annual report notif	ication)
For further information of	concerning this matter, please ca	all:	
Misha Quint		917 855-0783	
Name o	of Person		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 Address Registration Division of O P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of Tallahassee, FL	oorations allahassee Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

, and the second se	TO	
ARTICLES OF	ORGANIZATION	
•	OF	My.
InterHarmony School of Music, LLC		records.)
(Name of the Limited Liability Com	pany as it now appears on our	records.)
(A Florida Limited	d Liability Company)	`
The Articles of Organization for this Limited Liability Compar	ny were filed on 5/19/2020	and assigned
Florida document number L200000135829		
This amendment is submitted to amend the following:		
_		
A. If amending name, <u>enter the new name of the limited lia</u>	ibility company here:	
InterHarmony Int'l School of Music, LLC	1111 20 00 00 00 00 00 00 00 00 00 00 00 00	Tron 1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
he new name must be distinguishable and contain the words "Limited Lia	bility Company," the designatio	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u>n/a                                    </u>	
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	n/a	
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered office	e address on our records,	enter the name of the new regis
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	· •·· ··· ··· ··· ··· ··· ··· ··· ··· ·	
	Enter Florida street	t address
		, Florida
<del></del>	City	, Florida Zip Code

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 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

<u>Title</u>	Name	Address	Type of Action
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			Change
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			Remove
			□Change
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June	: 1		2020				
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