L2000 199263

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COVER LETTER

Tallahassee, FL 32314

	Registration Se Division of Cor			
cito ita	e-en-	ENTERPRISE, LLC		
SUBJEC	,li	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		JASON ARMANDO STE	IR	
		~	Name of Person	
			Firm/Company	<u></u>
		4697 ROSE CORAL DR.	APT 3	
			Address	
		ORLANDO, FLORIDA 3.	2808	
		JSTEIR89@GMAIL.COM	City/State and Zip Code	
		E-mail address: (to be used for future annual report notifica	ation)
For furth	ner information o	concerning this matter, please co	all:	
JASON	A STEIR		954 594-6813	
Name of Person		d Person	at () Area Code Daytime T	elephone Number
Enclosed	l 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		Street Address: Registration Secti	on.
	Division of C		Division of Corpo	orations
	P.O. Box 632		The Centre of Tal	lahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JSTORM ENTERPRISE, LLC

company has been notified in writing of this change.

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

(A Florida Limited L	ability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 07/10/2020	and assigned
Florida document number L20000199263		ुँ ज
Tiorida document humber		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
JSTORM MUSIQ, LLC		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation	"LEC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a	ddress on our records, g	enter the name of the new registere
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
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre		
provisions of all statutes relative to the proper and complete		
accept the obligations of my position as registered agent as p	rovided 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

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>	<u>Name</u>	Address	Type of Action
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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			□Add
			□Remove
			□Change

					
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Note: If the	late, if other than the date date is listed, the date must be e date inserted in this block seffective date on the Depar	does not meet the app	dicable statutory filir	(option nore than 90 days after fing requirements, this o	ial) ling.) Pursuant to 605.0207 date will not be listed as
	ecifies a delayed effective da	te, but not an effective	e time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
rd is filed.	JULY 21	2020	·		
rd is filed.		101			
ne record spe ord is filed. Dated		2020 value of a member or at	nthorized representative	e of a member	

Filing Fee: \$25.00