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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

BOMBO M SUBJECT:	IUSIC CENTER CONVENIE	NCE STORE 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:			
	FORTUNE B CLERVIL				
	Name of Person				
	BOMBO MUSIC CENTER CONVENIENCE STORE LLC				
		Firm/Company			
	1880 NE 48TH ST APT 357				
Address					
POMPANO BEACH, FL. 33064					
	City/State and Zip Code				
	FORTUNE77785@GMAII				
	E-mail address: (to be used for future annual report not	ification)		
For further information c	oncerning this matter, please c	all:			
FORTUNE B CLERVII		908 265-7090			
Name o	f Person	at () Area Code Daytin	ne 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 (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addres Registration 9		<u>Street Address:</u> Registration Sc	ection		
Division of C	Corporations	Division of Co	rporations		
P.O. Box 6327		The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BOMBO MUSIC CENTER CONVENIENCE STORI		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000204149</u> .	were filed on 07/14/2020 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	2327 NE 5TH AVE	
(Principal office address MUST BE A STREET ADDRESS)	POMPANO BEACH, FL 33064	
Enter new mailing address, if applicable:	2327 NE 5TH AVE	
(Mailing address MAY BE A POST OFFICE BOX)	POMPANO BEACH, FL 33064	
B. If amending the registered agent and/or registered office 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 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 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>	<u>Address</u>	Type of Action
			□Add
		<u></u>	□Remove
			□Change
		<u> </u>	🗆 Add
			Remove
			Change
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an eti iote:	ive date, if other than the date of filing:	suant to 605.0207 not be listed as
recor I is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90 led.	th day after the
ated	AUGUST 24th 2020 to Cloud	
	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00