LZO 000214467

(Requ	estor's Name)	
(Addre	ess)	
(Addr	ess)	
(City/S	State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
—- (Busin	ness Entity Nan	ne)
(Docu	iment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fil	ling Officer:	





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COVER LETTER

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SHD IECT	JP MUSICI	PRODUCTIONS, LLC		
SOBJECT	·	Name of Lim	ited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub	omitted for filing.	
Piease retur	n all correspo	ndence concerning this matter	to the following:	
		JEAN P FRANCISQUE		
			Name of Person	
			Firm/Company	
		703 RIVERSIDE DR		
		GREEN ACRES, FL 3346	Address	
			City/State and Zip Code	
For further	information c	E-mail address: (to be used for future annual report no	tification)
	RANCISQUE	- ,	954 371-9608	
	Name o	f Person	at () Area Code Dayti	me Telephone Number
Enclosed is	a check for th	ne following amount:		
■ \$25.00	Filing Fee	S30.00 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)
Ro	ailing Addres	Section	Street Address: Registration S	
	ivision of C O. Box 632	orporations 7	Division of Co The Centre of	•
	illahassee. I			oe Street. Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JP MUSICPRODUCTIONS, LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records, nied Liability Company))
The Articles of Organization for this Limited Liability Comp.	pany were filed on 07/22/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES.	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON) B. If amending the registered agent and/or registered offigent and/or the new registered office address here:	fice address on our records, enter the	P D D D D D D D D D D D D D D D D D D D
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	rida
	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.

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
P	JEANPIERRE FRANCISQUE SR	703 RIVERSIDE DR	□Add
		GREEN ACRES, FL 33463	Remove
			☐Change
AMBR	JEAN P FRANCISQUE	703 RIVERSIDE DR	≣Add
		GREEN ACRES, FL 33465	□Remove
			☐ Change
			Add AN THE CHEMOVE PH Dehange
			☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
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ective date, if other than the date must be tet. If the date inserted in this block the must be the date inserted in this block that is effective date on the Department's effective date on the Department.	ne specific and cannot be prior to date of filing or ik does not meet the applicable statutory fil	(optional) more than 90 days after filing.) Pursuant to 605, ing requirements, this date will not be liste
cord specifies a delayed effective s filed.	date, but not an effective time, at 12:01 a.m	on the earlier of: (b) The 90th day after
ed	2021	
	$ \wedge$ $ ()$	