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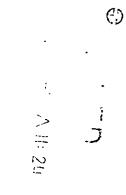


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COVER LETTER

Division of Corp				
subject: <u>\\\iC\</u>	red Helodies Name of Lim	Ert. LLC.		
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
		Name of Person Icdes Ent. LLC Firm/Company		
		Firm/Company Ade: Apt 1 Mian Address		
		City/State and Zip Code 305 A gmail. Com to be used for future annual report notif		
For further information co	oncerning this matter, please c	all:		
COCIOS A. A. Name of	Person	at (786) 420- (Area Code Daytime	Telephone Number	<i>€;</i> ;
Enclosed is a check for th	e following amount:		1.	
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)	7
Mailing Address Registration S Division of Co P.O. Box 632 Tallahassee. F	ection orporations 7	Street Address: Registration Sec Division of Corp The Centre of To 2415 N. Monroe	porations	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Wicked Melodies ENT. LLC.

(Name of the Limited Lia (A Flo	rida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number <u>LZDOOZ352</u>	y Company were filed on $\frac{04 26 2021}{}$ and assigned
Florida document number <u>C 2000/2002</u>	<u>12.</u>
This amendment is submitted to amend the following	:
A. If amending name, enter the new name of the l	imited liability company here:
The new name must be distinguishable and contain the words "I	.imited 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 AD	DRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registe agent and/or the new registered office address here	red office address on our records, enter the name of the new registered
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>	Name Carlos A	Address 2101 Sw 3rd Ale ADT 1 Migmi, Fl. 33129	Type of Action
MGR	Altoso	Miami, Fl. 33129	_ 🗗 🗖 Ādd
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			□Remove
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Filing Fee: \$25.00