## 120000264278

| (Requestor's Name)                      | _           |
|---|-------------|
| (Address)                               | <del></del> |
| (Address)                               | _           |
| (City/State/Zip/Phone #)                |             |
|   |             |
| PICK-UP WAIT MAIL                       |             |
| (Business Entity Name)                  | _           |
|   |             |
| (Document Number)                       |             |
| Certified Copies Certificates of Status |             |
| Special Instructions to Filing Officer: | ٦           |
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| Ulmill                                  |             |
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Office Use Only



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## **COVER LETTER**

Registration Section Division of Corporations

TO:

| бивјест: <u>Пашд</u>  | Music Far                        | Mily Entectain   | ment LLC   |
|---|----------------------------------|--|--|
| The enclosed Articles of Amendmo  |                                  |  |  |
| Please return an correspondence co  | meering uns maner ve             |  |  |
|   | Jerome F                         | Name of Person   |  |
|   |                                  | Firm/Company   |  |
| <u>3</u> 0  | 911 58 19                        | Address  |  |
| _C  | raines vill                      | e FL 32641<br>City/State and Zip Code  |  |
| <u>191</u>  | BG Forema<br>E-mail address: (to | be used for future annual report notific   | ation)   |
| For further information concerning  | g this matter, please cal        | 1:   |  |
|   |                                  | at (352) 127-1<br>Area Code Daytime  | O 206 Telephone Number   |
| Enclosed is a check for the follow  | ring amount:                     | □ \$55.00 Filing Fee &   | ☐ \$60.00 Filing Fee,  |
| □ \$25.00 Filing Fee  | Certificate of Status            | Certified Copy (additional copy is enclosed)   | Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Address: Registration Section Division of Corpora P.O. Box 6327 Tallahassee, FL 323 | tions                            | Street Address:<br>Registration Sec<br>Division of Corp<br>The Centre of Ta<br>2415 N. Monroc<br>Tallahassee, FL | porations<br>allahassee<br>Street, Suite 810                         |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dawy Music Family Entertainment UC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

| The Articles of Organization for this Limited Liability Company  | were filed on 8 25 2020 a   | and assigned   |
|--|---|--|
| Florida document number <u>L 20 000 2642.78</u>  |   |  |
| This amendment is submitted to amend the following:  |   |  |
| A. If amending name, enter the new name of the limited liabi   | lity company here:  |  |
| Genuine Joe's LLC  |   | The state of the s |
| The new name must be distinguishable and contain the words "Limited Liabil   |   | nion ( )   |
| Enter new principal offices address, if applicable:  | 40 NE 9th Street  |  |
| (Principal office address MUST BE A STREET ADDRESS)  | Williston FL 326  | 096  |
|  |   |  |
|  | ila II Oth Street   |  |
|  | 90 NE 1 SITECT  |  |
| Enter new mailing address, if applicable:  | LISTING EL 20   | LaQLa  |
| Enter new mailing address, if applicable:<br>( <u>Mailing address MAY BE A POST OFFICE BOX)</u>  | williston FL 32   | 696  |
|  | address on our records, enter the name of                               | the new registered   |
| (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  | address on our records, enter the name of                               | the new registered   |
| (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:                                 | address on our records, enter the name of                               | the new registered   |
| (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  | address on our records, enter the name of  Enter Florida street address | the new registered   |
| (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:                                 | Enter Florida street address<br>, Florida                               | <u></u>  |
| (Mailing address MAY BE A POST OFFICE BOX)  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                                   | <u></u>  |
| (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:                                 | Enter Florida street address, Florida                                   | tip Code   |

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 |
|--------------|------------------|--------------------------------------|----------------|
| AMBR_        | Batifah Robinson | 40 NE 9th Street Usillistan FL 32696 | XAdd           |
|              |                  | williston FL 32696                   | □Remove        |
|              |                  |                                      | Change         |
|              |                  |                                      | □Add           |
|              |                  |                                      | □Remove        |
|              |                  |                                      | Change         |
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|              |                  |                                      | □Remove        |
|              |                  |                                      | □Change        |

| If amending a   | ny other information, enter change(s) here: (Attach additional sheets, if necessary.)  |
|-----------------|--|
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| Note: If the 6  | e, if other than the date of filing:  ate is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) late inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the feetive date on the Department of State's records. |
| ord is filed.   | fies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the  |
| Dated 2         | 124/2024   |
| <u>.f.</u><br>Š | Jerome Forence TR  Typed or printed name of signee   |
| ζ,              | Terme Foreman JR   |

Filing Fee: \$25.00