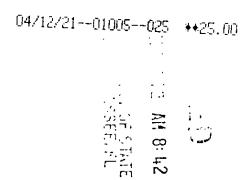
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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		•			Courier

COVER LETTER

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			S, LLC		
SUBJECT	<u></u>	Name of Limi	ited Liability Company		
DC MULTI MANAGEMENT SERVICES. LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: MICHAEL DIAZ Name of Person Firm/Company 6640 NW 7TH ST APT 307 Address MIAMI FL 33126 City/State and Zip Code 90MJOSUE@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Person Area Code 105-815-5411 Daytime Telephone Number Enclosed is a check for the following amount: 20c. Certificate of Status Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)					
Please return	all correspor	ndence concerning this matter	to the following:		
	Division of Corporations DC MULTI MANAGEMENT SERVICES, LLC				
	Division of Corporations DC MULTI MANAGEMENT SERVICES. LLC Name of Limited Liability Company osed Articles of Amendment and fee(s) are submitted for filing. turn all correspondence concerning this matter to the following: MICHAEL DIAZ Name of Person Firm/Company 6640 NW 7TH ST APT 307 Address MIAMI FL 33126 City/State and Zip Code 90MJOSUE@GMAIL.COM E-mail address: (to be used for future annual report notification) eer information concerning this matter, please call: IAZ Name of Person At (
			Firm/Company		<u>.</u>
		6640 NW 7TH ST APT 30	7		
			Address		·
		MIAMI FL 33126			
			•		
	Name of Limited Liability Company sed Articles of Amendment and fee(s) are submitted for filing. Im all correspondence concerning this matter to the following: MICHAEL DIAZ				
For further in	formation co			eport notification,	
JOSE DIAZ					
	Name of	Person	Area Code	Daytime Telephon	e Number
Enclosed is a	check for th	e following amount:			
■ \$25.00 F	iling Fee		Certified Copy	osed)	Certificate of Status & Certified Copy
-					ς.
				•	

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DC MULTI MANAGEMENT SERVICES, I		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our recor- Limited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability C	ompany were filed on 09/08/2020	and assigned
This amendment is submitted to amend the following:	<u> </u>	
A. If amending name, enter the new name of the lim	ited liability company here:	
EMPORIUM LATIN MUSIC, LLC		
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLG	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	
		-)
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		1500 2000 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500
		
B. If amending the registered agent and/or registered	d office address on our records, <u>ente</u> r	r the name of the new register
agent and/or the new registered office address here:		L 15
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	255
<u></u>	, F	lorida
	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 = AMBR =	Manager - Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
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			□Change

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fective date, if other than the date must be effective date is listed, the date must be ote: If the date inserted in this block cument's effective date on the Department.	c does not meet the applica	o date of filing or more than ble statutory filing requi	(optional) 90 days after filing.) Pursuant rements, this date will not b	to 605.020 be listed a
record specifies a delayed e The 90th day after the recor		an effective time,	at 12:01 a.m. on the ϵ	earlier o
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