## 10036917

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SECRETARY OF STATE
TALLAHASSEE, FL

2022 NOV 18 PM 1: 42

## **COVER LETTER**

, TO:

TO:	Registration Se Division of Cor				
ave m		SIC GROUP, LLC			
SUBJECT: Name of Limited Liability Company					
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please r	eturn all correspo	indence concerning this matter	to the following:	,	
		SANTIAGO G. PIQUE			
			Name of Person		
		PIQUE MUSIC GROUP,	LLC		
			Firm/Company		
		20979 SAILFISH LN			
			Address		
		CUTLER BAY, FLORIDA	A 33189		
		<u> </u>	City/State and Zip Code		
		sandy.piquemusicgroup@g			
		E-mail address: (	to be used for future annual report	notification)	
For furt	her information of	concerning this matter, please c	ail:		
SANTI	AGO G. PIQUE	- REGISTERED AGENT	305 215-015:	5	
_	Name o	of Person	at () Area Code Da	ytime Telephone Number	
Enclose	ed is a check for t	he following amount:			
<b>■ \$</b> 25	5.00 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)	
	Mailing Addre		Street Addres Registration		
Registration Section Division of Corporations			Corporations		
P.O. Box 6327		The Centre	The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PIOUE MUSIC GROUP, LLC (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 NOVEMBER 23, 2020 and assigned Florida document number L20000369173 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new agent and/or the new registered office address here: N/A Name of New Registered Agent: New Registered Office Address: Enter Florida street address Zip Code City 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.

N/A
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	LUCAS VILLAR-OJITO	509 ARAGON AVENUE	<b>=</b> Add
		CORAL GABLES, FL 33134	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Add
			□Remove
	·		□Change
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N/A				
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te: If the date inserted in this bloom	ock does not meet the appli	cable statutory tiling re	quirements, this date will	not be lis
rument's effective date on the De	epartment of State's record	S.		
cord specifies a delayed effectiv	e date, but not an effective	time, at 12:01 a.m. on t	he earlier of: (b) The 90t	th day aft
s filed.				
NOVEMBED 10	2022			
ed NOVEMBER 10	, 2022			
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i lythal	Signature of a member or aut	horized representative of a	member	<del></del>

Filing Fee: \$25.00