# L20000 369 173

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#### **COVER LETTER**

Division of Cor			4		
SUBJECT: PIQUE MU	ISIC GROUP, LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	LUCAS VILLAR-OJITO				
	<del></del>	Name of Person			
	PIQUE MUSIC GROUP				
		Firm/Company			
	509 ARAGON AVENUE				
		Address		2021 SE	
	CRET				
	74.5	7.3			
	THENEWBOOTHSTUDIO	D@GMAIL.COM to be used for future annual report notific	ation)	SSE	7 7
For further information c	oncerning this matter, please c		-1.0,	2024 MAY 13 MM 8: 42 SECRETARY OF STATE	, fin
LUCAS VILLAR-OJITO	)	917 595-0842		La 10	
Name o	f Person	at () Area Code Daytime T	Telephone Number		
Enclosed is a check for the	ne following amount:				
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &	
Mailing Addres	ss:	Street Address:	ion		

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PIQUE MUSIC GROUP, LLC				
(Name of the Limi	ted Liability Compa (A Florida Limited	any as it now appears on Liability Company)	our records,)	
The Articles of Organization for this Limited L Florida document number L20000369173	Liability Company	were filed on 11/23/2	2020	and assigned
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name of	of the limited liab	oility company here:		
The new name must be distinguishable and contain the		ility Company," the design	nation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if appli-	cable:	<u></u>		
(Principal office address MUST BE A STREE	<u>ET ADDRESS)</u>	<del></del>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)  B. If amending the registered agent and/or agent and/or the new registered office address	registered office	509 ARAGON AVE		ALLAND'S
Name of New Registered Agent:	Lucas Villar-O	)jito		
New Registered Office Address:	509 Aragon A	venue  Enter Florida	treet address	<del></del>
	Coral Gables	Liner i tortau s	, Florida <u>33</u>	134
		City	, r wiua	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 a nending 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
MGR	LUCAS VILLAR-OJITO	509 ARAGON AVENUE	
		CORAL GABLES, FLORIDA	□Remove
		33134	
MGR	STEPHAN G. PIQUE	7311 NW 12TH ST-UNIT 18	□Add
		DORAL, FL 33130	■Remove
			Change
AMBR	SANTIAGO G. PIQUE	7311 NW 12TH ST-UNIT 18	□ Add
		DORAL, FL 33130	Remove
AMBR	SEBASTIAN G. PIQUE	7311 NW 12TH ST-UNIT 18	HASSE
		DORAL, FL 33130	Remove
			□Add
			Remove
			Change
			□Add
			□Remove

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ecord s is filed	specifies a delaye l.	d effective date,	but not a	n effecti	ve time, a	t 12:01 a.i	n. on the ear	lier of: (b)	The 90th	h day afi	ter the
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