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| (Requestor's Name) | |
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| PICK-UP WAIT MA | AIL. |
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| Certified Copies Certificates of Status | |
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| Special Instructions to Filing Officer: | |
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COVER LETTER

| TO: Registration S Division of Co | | | |
|-----------------------------------|---|---|---|
| SUBJECT: | Name of Lin | C Beyond I | nc: |
| The enclosed Articles o | f Amendment and fee(s) are su | hmitted for filing | |
| _ | ondence concerning this matte | | |
| r rease return an corresp | ondence concerning this matte | r to the following: | |
| • | | Doreen Johnson | $ \uparrow $ |
| | | Name of Person | |
| | | JUSIC Beyond | Inc |
| | 6709 | Rubens Ct. O | rlando Residente de la compansión de la |
| | | Orlando FL City/State and Zip Code | 23818 E B |
| | E-mail-address: | (to be used for future annual report no | |
| For further information c | concerning this matter, please o | all: | |
| Dorein Name o | Janson F Person | at (40) 375 Area Code Dayri | me 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) | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | | | |

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:
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

| (Name of the Limited Liability Compa | |
|---|---|
| The Articles of Organization for this Limited Liability Company Florida document number <u>L210000046</u> 30 | 1212112000 |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liab | ic LLC |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | Doreen Johnsen = P.O. Box Lot 2191 = Orlando, Fl. 30860 = |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | address on our records, <u>enter the name of the new registered</u> |
| Name of New Registered Agent: | |
| New Registered Office Address: | Enter Florida street address |
| | , Florida City Zip Code |
| | Say English |

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 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

| • | 1,7 | |
|--------|------------|--------|
| AMBR = | Authorized | Member |

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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| D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| music organization Iteis a organization |
| that tacuses on sonquiriting and composing |
| original music. It promotes song production |
| and music education. Songs and instrumental |
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| E. Effective date, if other than the date of filing: O O O O |
| If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. |
| Dated 8 6 2021. 2021. Signature of a member or authorized representative of a member |
| Typed or printed name of signee |
| r ypen or printed findic of signer |