## LZ1000019998

(Requestor's Name)
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## **COVER LETTER**

Division of Co		•		
ERISLEX	IS MUSIC PRODUCTION LL	. ·		
	Name of Lin	ni.ed Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	pritted for filing.		
Please return all corresp	oondence concerting this matter	to the following:		
	ERIŞLEXIS OLIVA ALV	<sup>7</sup> AREZ		
Name of Person				
	·			
		Firm/Company	110 2 3	
	808 NW 26TH AVE			
		Address		
	MIAME, FL 33125			
	JCHFOREX83@GMAIL.C	City/State and Zip Code		
		to be used for future annual report notif	fication)	
for further information	concerning this matter, please c	all:		
	:	31 ( )		
Name of Person		at ()	e Telephone Number	
inclosed is a check for	the following amount:			
<b>№</b> \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Centificate of Status	☐ \$55.00 Filing Fee & Certified Caps: (add:tion if copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (udditional 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

	USIC PRODUCTION LLC				•
( <u>Name of the Lin</u>	nited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)			; []
			ı		
The Articles of Organization for this Limited Liability Company were filed on 01/07/2021			_ and assi	gned	
Florida document number L21000019958					
				j ;1	
This amendment is submitted to amend the fo	ollowing:			; '	. !!
A. If amending name, enter the new name	of the limited liability company her	<u>e</u> :			
			,		
The new name must be distinguishable and contain the	words "Limited Liability Company," the des	ignation "LLC" or the abbre	viation "L.L	C."	
Enter new principal offices address, if appl	icable:		:3		
(Principal office address MUST BE A STREET ADDRESS)					
Trincipal office address \$1031 BE A STRE	<u> </u>		<del>- 3</del>	<del></del>	
			ري		
			<u> </u>	, ,·	
Enter new mailing address, if applicable:	<del></del>	<del></del>			
(Mailing address MAY BE A POST OFFICE	E BOX)		<u>,,</u>		
		F11			. 1
					!
B. If amending the registered agent and/or agent and/or the new registered office addr	registered office address on our rec	ords, <u>enter the name c</u>	f the new	registe	red
agent and/or the new registered (o) he addr	ess nere:				
	ERISLEXIS OLIVA ALVAREZ				, ,,
Name of New Registered Agent:	DIGGERAL OF VARIANCE	<del> </del>	1		"
New Registered Office Address:	808 NW 26TH AVE	1	;	1	:
•	Enter Florida	a street address			
•	МІАМІ	, Florida _ <sup>33125</sup>	i		
	City		Zip Code		
New Registered Agent's Signature, if changing	Registered Agent:			:	
I hereby accept the appointment as register	red agent and agree to act in this ca	pacity. I further agree	to compl	v with t	he .
provisions of all statutes relative to the pro-	per and complete performance of m	v duties, and I am fan	iliar with	and	
accept the obligations of my position as reg	gistered agent as provided for in Ch	apter 605, F.S. Or, if t	his docun	ient is	
being filed to merely reflect a change in the	registerea office address. I hereby	confirm that the limite	a liability	,	

company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amendir	f amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added r removed from our records:				
MGR = 3 AMBR = 3	IGR = Manager MBR = Authorized Member				
<u>Title</u>	<u>Name</u>	Address	Ì	Type of Action	
			i com my fr	! □ Add	
			:	_ □Change ;	
			!	_ □Remove	
			1 - 4	_ □Add	
				_ Change	
				_ Add 	
			<u></u>	_ □Change	
			; ;	_ □Remove _ □Change	
<del></del>		<del></del>		_ □Add	
				_ □Remove	

THE CORRECT NAME OF	THE AGENT AND MANAGER IS:		
ERISLEXIS OLIVA ALVAI	REZ.	i	
WITH THE MIDDLE INIT	TAL "E" 1S GOING TO BE INCORRECT.		'
			<del></del>
			<del></del> ,
			1
<del></del>		,	
		1	<u>'</u>
		1 1	<del>'</del>
		<del></del>	!
Effective date, if other than the (If an effective date is listed, the date mus Note: If the date inserted in this ble document's effective date on the De	st be specific and cannot be prior to date of filing or more than 90 days after ook does not meet the applicable statutory filing requirements, the	tional) er filing:) Pursua its date will no	ent to 605,0207 (3)(b) be listed as the
e record specifies a delayed effective	re date, but not an effective time, at 12:01 a.m. on the earlier of: (	b) The 90th	day after the
ord is filed.			
ord is filed.  JANUARY 25  Dated	2021		
ord is filed.		ļ	
rd is filed. Dated	Cristic fies Cliva Alvarez Signature of a member or authorized representative of a member		The state of the s

Filing Fee: \$25.00