## 421000043650

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

TO:

TO: Registration Se Division of Cor			
	STLEGRIND LLC		
SUBJECT:	Name of Lim	ited Liability Company	****
	Amendment and fee(s) are sub indence concerning this matter		<u>15 H</u>
	TIMOTHY D. DIXON JR		
	<del></del>	Name of Person	
		Firm/Company	
	1616 21st Street South, Lo	τ 308	
		Address	***************************************
	St. Petersburg, FL 33712		
		City/State and Zip Code	
	E-mail address: (	Mha@Me.(oM to be used for future annual report notific	ation)
For further information c	oncerning this matter, please c	ali:	
TIMOTHY D. DIXON,	JR.	at ( <u>330</u> ) <u>328 - 7</u> Area Code Daytime T	1689
Name o	f Person	Area Code Daytime	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 Addres Registration S		<u>Street Address:</u> Registration Secti	ion /
Division of C		Division of Corpo	1/
P.O. Box 632	7	The Centre of Tal	
Tallahassee, l	FL 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

21 MAY 25 PH 12: 47

MUSICHUSTLEGRIND 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 of	were filed on Janua	ry 22, 2021	and assigned
Florida document number L21000043650			_
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	lity company here	:	
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the desig	gnation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
P-4			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:  Name of New Registered Agent:	ddress on our reco	ords, <u>enter the nar</u>	ne of the new registered
New Registered Office Address:			
	Enter Florida street address		
		, Florida	Zip Code
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p			

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

21 KAY 25 PM 12: 47

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AP	TIMOTHY D DIXON JR.	1616 21st Street South, Lot 308	□Add
		St. Petersburg, FL 33713	≣Remove
			□Change
MGR	TIMOTHY D. DIXON JR.	1616 21st Street South, Lot 308	<b>■</b> Add
		St. Petersburg, FL 33713	□Remove
			□Change
AMBR	TIMOTHY D. DIXON JR.	1616 21st Street South, Lot 308	≡Adđ
		St. Petersburg, FL 33713	□Remove
		<del> </del>	
Member TIMOTHY D. DIXON JR.	1616 21st Street South, Lot 308	■Add	
		St. Petersburg, FL 33713	Remove
			Change
			□Remove
			Change
	<del> </del>	□Add	
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fective date, if other than the date of filing: May 1, 2021	(optional)
ictive gate. Il other than the gate of filipe.	to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3
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Filing Fee: \$25.00