L21000081818

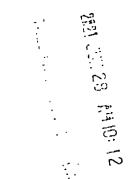
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COVER LETTER

	ion Section 5		,
Alleg	gra Miles Music LLC		
SUBJECT:		· · · · · · · · · · · · · · · · · · ·	
		Limited Liability Company	
The enclosed Artic	les of Amendment and fee(s) are	submitted for filing.	
Please return all co	rrespondence concerning this ma	tter to the following:	
	Allegra Muilenburg		
		Name of Person	
	Allegra Miles Music		
		Firm/Company	
	P.O. Box 33221		
		Address	
	Palm Beach Gardens, l	FL 33410	
	allegramilesmusic@gm	City/State and Zip Code	
	_	ess: (to be used for future annual re	port notification)
For further informa	ation concerning this matter, pleas	se call:	
Allegra Muilenbur	rg	561 561-	529-6752
		at ()	Daytime Telephone Number
	Name of Person	Area Code	Daytime Telephone Number
Enclosed is a check	k for the following amount:		
□ \$25.00 Filing	Fee \$30.00 Filing Fee & Certificate of Status		Certificate of Status &
Mailing A		<u>Street Ado</u>	
_	ition Section		ion Section
Divisior P.O. Bo	of Corporations x 6327		of Corporations tre of Tallahassee

Tallahassee, FL 32314

1

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Allegra Miles Music LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our reco lited Liability Company)	<u>rds.</u>)
The Articles of Organization for this Limited Liability Comp. L21000081818 Location for this Limited Liability Comp.	pany were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "Li	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES.	<u> </u>	 : ,cu
		91
		<u> </u>
Enter new mailing address, if applicable:	P.O. Box 33221	22
(Mailing address MAY BE A POST OFFICE BOX)	Palm Beach Gardens	
	FL. 33410	
		72
B. If amending the registered agent and/or registered of	fice address on our records, <u>ent</u>	
agent and/or the new registered office address here:		
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
	Enter Florida street addi	*C\$\$
·		Florida
	City	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 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	Allegra Muilenburg	P.O. Box 33221, Palm Beach Gardens, FL 33410	
			■Add
			□Remove
			□Change
MGR	Allegra Muilenburg	980 Mill Creek Drive, Palm Beach Gardens, FL 33410	
			≣ Remove
			□Change
			
			□ Add
			□Remove
			Change
		· .	7 99 Add
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			□ Add
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			□Add
			□Remove
			□ Change

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