

121000082374

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

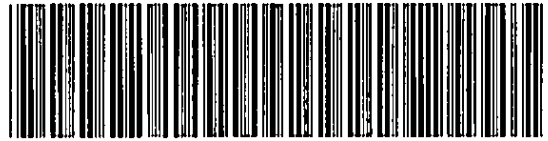
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: **Registration Section**
 Division of Corporations

SUBJECT: _____
 Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:

RALPH M SERRANO CPA

 Name of Person

RALPH M SERRANO CPA PA

 Firm/Company

9425 SW 72 ST #233

 Address

MIAMI, FL. 33173

 City/State and Zip Code

rserrano@rserranocpa.com

 E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RALPH M SERRANO 305 412-7273

 at () _____
 Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 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**

KEY GIE 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 were filed on 02/18/2021 and assigned Florida document number L21000082374.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

RAGAZZI RECORDS LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

600 GRAPETREE DRIVE #6CS

(Principal office address MUST BE A STREET ADDRESS)

KEY BISCAZYNE, FL. 33149

Enter new mailing address, if applicable:

600 GRAPETREE DRIVE #6CS

(Mailing address MAY BE A POST OFFICE BOX)

KEY BISCAZYNE, FL. 33149

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

ENRIQUE M. FALLA

New Registered Office Address:

600 GRAPETREE DRIVE #6CS

Enter Florida street address

KEY BISCAZYNE

City

Florida 33149

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 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	ENRIQUE FALLA	9425 SW 72 ST #233	<input type="checkbox"/> Add
		MIAMI, FL. 33173	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ENRIQUE M. FALLA	600 GRAPETREE DRIVE #6CS	<input checked="" type="checkbox"/> Add
		KEY BISCAYNE, FL. 33149	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	FELIPE ZAVALIA	1898 SW 24 TERR	<input checked="" type="checkbox"/> Add
		MIAMI, FL. 33145	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SAMUEL O. STEFFENS	822 JERONIMO DR.	<input checked="" type="checkbox"/> Add
		CORAL GABLES, FL. 33146	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Lined area for amending information.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 July 7th, 2021

Signature of a member or authorized representative of a member

ENRIQUE M. FALLA

Typed or printed name of signee