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(Re	equestor's Name)	
(Ac	ddress)	
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(Ĉi	ty/State/Zip/Phone	#)
☐ PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
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2022 AUG -2 AM 9: 32 SECRETARY OF STATE CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195 REFERENCE : 7268667 8382713 AUTHORIZATION COST LIMIT : \$ 25.00 ORDER DATE: June 6, 2022 ORDER TIME: 8:45 AM ORDER NO. : 726866-005 CUSTOMER NO: 8382713 CHANGE OF AGENT NAME: 1804 RECORDS LLC PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY XX PLAIN STAMPED COPY CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FIL ED 2022 AUG -2 AM 9: 32

1804 RECORDS LLC

(Name of the Limited Liability Company as it now appears on our records, CARASSEE OF STANK OF

The Articles of Organization for this Limited I		on05/03/2021	and assigned
Florida document numberL21000205306			
This amendment is submitted to amend the fol-			
A. If amending name, enter the new name of	of the limited liability compa	ny here:	
The new name must be distinguishable and contain the	words "Limited Liability Company,"	' the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STREI	ET ADDRESS)		<u> </u>
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
* **			
B. If amending the registered agent and/or agent and/or the new registered office addre		our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:	Corporation Service Compar	ny	
New Registered Office Address:	1201 Hays Street		
	Ente	r Florida street address	
	Tallahassec	, Florida	32301
	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 mercly 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>	Address	Type of Action
AMBR	Jeanne Charles	235 Pine St	≣Add
			□Remove
		San Francisco, CA 94104	Change
MGR Kyley Frasier	Kyley Frasicr	235 Pine St	■Add
		 	□Remove
		San Francisco, CA 94104	□ Change
			□Add
* ***			□Remove
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			□Add
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an eff lote:	ve date, if other than the date of filing:
recond is fil	d 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 ed.
ated .	7/8/22
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