L21 000 248 821

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:
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COVER LETTER

Tallahassee, FL 32314

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**	on Section f Corporations			
SUBJECT:	W125,0N	e MuSic Gua	UP LLC	•
	Name of Li	nited Liability Company	· · · · · · · · · · · · · · · · · · ·	
	· ·			
The enclosed Articl	es of Amendment and fee(s) are su	bmitted for filing.	*	
Please return all cor	rrespondence concerning this matte	r to the following:		
	Zaring	Name of Person	•	•
	" W, 237	Name of Person	-GROUP LL	
	848 Bu	Firm/Company	enve Pann	touses
		Address		
	<u> </u>	City/State and Zip Code AAAMONTE O YA (to be used for future annual report notifi	rea. Com.	
1	tion concerning this matter, please At Africax TE	at (<u>347)</u> 228- Area Code Daytime	4613 AN-	CHARTERY CO.
	ame of Person	Area Code Daytime	Telephone Number	U
Enclosed is a check	for the following amount:			
□ \$25.00 Filing F	Fee ☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed	,,
			, .	
-	tion Section of Corporations	Street Address: Registration Sec Division of Corp The Centre of Ta	oorations '	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



December 20, 2022.

BOLIVAR ALMONTE 3793 SW 88 PL MIAMI, FL 33165 US

SUBJECT: WILDTONE MUSIC GROUP LLC

Ref. Number: L21000248821

We have received your document for WILDTONE MUSIC GROUP LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

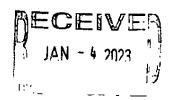
The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Michael A Hall OPS Clerk

Letter Number: 422A00028370



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

(Name of the Limited Liability Company as it now appears on our records.)

(A rionga Limited	Chaomity Company)
The Articles of Organization for this Limited Liability Company Florida document number *	,
This amendment is submitted to amend the following:	2032 TO 175
A. If amending name, enter the new name of the limited lial	oility company here:
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbreyiation
Enter new principal offices address, if applicable:	848 Buckase Aux
(Principal office address MUST BE A STREET ADDRESS)	19,4m1, FL 33181
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	37935W 88 DZ MAMI, FZ 3316V
	* * * · · · ·
agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	C C C C
New Registered Office Address: 3793	SW 88 PL Enter Florida street address
	MAMI Florida 3316V
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>

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>	Name	Add	<u>lress</u>	-	•	Type of Action
	. /		CALLE TO	AMAYO #	1/1/2	<i>1</i> 2.
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Effective	date, if other than the date of filing:	(optional)
If an effective Note: If the	te date is listed, the date must be specific and ca he date inserted in this block does not med	annot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (et the applicable statutory filing requirements, this date will not be listed as t
	s effective date on the Department of Stat	
	acifine a dulayed affective data, but not an	n effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
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ord is filed.	Signature of a mer	mber or authorized representative of a member A A A A A A A A A A A A A A A A A A A