## 121000249445

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	<del></del> -
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of S	Status
Special Instructions to Filing Officer:	
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## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT:	Lyrics creation	on IIC	
SOBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		WILL LUDPLY Name of Person	
		1471CS CYEATION Firm/Company	uc
		MD JW 29340 IN Address	
		City/State and Zip Code  100 Pey 1 Y 1 C 110 Y AND  to be used for future annual report notice.	303 L
	E-mail address: (	to be used for future annual report notice	V. LOY
For further information c	oncerning this matter, please c		
Name o	(DO) I CV f Person	at (40) Area Code Daytim	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)	☐ \$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration 9	Section	<u>Street Address:</u> Registration Se	
Division of Corporations		Division of Cor The Centre of T	
P.O. Box 6327 Tallahassee, FL 32314			e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lyrics creation	nuc
( <u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Compa	my were filed on May, 27 202) and assigned
Florida document number <u>L21000249445</u> .	<i>J</i> ,
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	iability company here:
NIA	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NIA
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>
B	NA
Enter new mailing address, if applicable:	1017
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered offic	ce address on our records, enter the name of the new register
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	. Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Age	nt:
l hereby accept the appointment as registered agent and a	cz igree to act in this capacity. I further agree to comply with th

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 Charging 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
AMBIZ	LYPIC LOOPEY	11107 SW 243 Pa In	□Add
		Homestiad, FL 33032	( <b>≧</b> Remove
		<del></del>	□Change
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			□Change

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an effect lote:   If	date, if other than the date of filing:
record s Lis filed	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 .
ated	SKYTEMBER 17. 2021.
	Skytcm ber 17. 2021.  Signature of a member or authorized representative of a member
	Typed or printed name of signee