L21000366684

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL.
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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COVER LETTER

TO: Registration Se Division of Cor		·	
MusB LLC SUBJECT:		•	
,	Name of Lim	ited Liability Company	<u>.</u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter	_	
	Shalini Jain		
		Name of Person	
	MusB LLC		
		Firm/Company	
	19186 Alexandrea Lee Ct		
		Address	
	Land O Lakes, FL 34638		
		City/State and Zip Code	
	shalini2601@gmail.com E-mail address: (to be used for future annual report no	ntification)
For further information c	oncerning this matter, please c	·	
Shalini Jain		240 899-5684	
Name o	f Person	Area Code Daytii	me Telephone Number
Enclosed is a check for the	he 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)
<u>Mailing Addres</u> Registration		<u>Street Address:</u> Registration S	ection
Division of C	Corporations	Division of Co	orporations
P.O. Box 632 Tallahassee,		The Centre of 2415 N. Monr	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MusB LLC					
(Name of the Limite	d Liability Compa A Florida Limited	ny as it now appears on ou Liability Company)	ir records.)		•
The Articles of Organization for this Limited Lia lorida document number 1.21000366684	ability Company	were filed on 8/16/2021	1	and assig	gned
his amendment is submitted to amend the follo	wing:				
. If amending name, enter the new name of	the limited liab	ility company here:			
N/A					
he new name must be distinguishable and contain the we	ords "Limited Liabi	lity Company," the designati	on "LLC" or the abbr	eviation "L.L.	.C."
nter new principal offices address, if applica	ble:	N/A			
Principal office address MUST BE A STREET	(ADDRESS)				
		N/A			
nter new mailing address, if applicable:					
Mailing address MAY BE A POST OFFICE E	<u>30X)</u>				
. If amending the registered agent and/or regent and/or the new registered office address	gistered office : <u>s hore</u> :	address on our records	s, enter the name	of the new	<u>regist</u>
Name of New Registered Agent:	N/A				, ,
New Registered Office Address:	N/A				
		Enter Florida stre	et address		
			, Florida		· · · · · · · · · · · · · · · · · · ·
		City		Zip Code	C

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>	Address	Type of Action
MGR	Hariom Yadav	19186 Álexandrea Lee Ct. Land O Lákes, FL 34638	≣ Add
			□Remove
			□Change
			□Add
		······································	□Remove
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ctive date, if other than the da	te of filing:		(opti	onal)
effective date is listed, the date must be e: If the date inserted in this block	specific and cannot be pr does not meet the app	ior to date of filing or licable statutory fil	more than 90 days afte ing requirements, th	r filing.) Pursuant to 605.0 is date will not be listed
ument's effective date on the Depar	tment of State's recor	ds.		
				_
cord specifies a delayed effective da s filed.	te, but not an effective	e time, at 12:01 a.m	i, on the earlier of: (I	o) The 90th day after t
Monday 15th April ed	· 2024	. <u></u> •		
		Shalini		
		~UlVm.		
Sig	nature of a member or at	thorized representati	ve of a member	

Filing Fee: \$25.00