

L21000463638

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

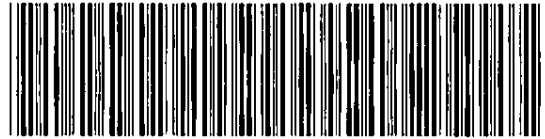
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2023 SEP 25 AM 9:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Rizzle Exchange LLC  
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:

VICTOR HOLLY BEY  
Name of Person

JHAMIL HOLLY  
Firm/Company

7537 W Hillsborough Ave.  
Address

Tampa, FL 33615 @ TNC Barber Shop  
City/State and Zip Code

jhamilholly-entertainment@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JHAMIL HOLLY at ( 813 ) 539-5085  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

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

Rizzle Exchange 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 10/25/2021 and assigned  
Florida document number 221000463638.

This amendment is submitted to amend the following:

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

Jhamil Holly Music LLC

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

7537 W. Hillsborough Ave.  
Tampa, FL 33615  
@ TNC Barbershop

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7537 W. Hillsborough Ave.  
Tampa, FL 33615  
@ TNC Barbershop

**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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

Enter Florida street address

Florida

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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	JHAMIL HOLLY	7537 W. Hillsborough Ave.	<input checked="" type="checkbox"/> Add
		Tampa, FL 33615	<input type="checkbox"/> Remove
		@ TNC Barbershop	<input type="checkbox"/> Change
MGR	VICTOR HOLLY BEY	5510 N. Himes Ave.	<input type="checkbox"/> Add
		Apt. 1206	<input checked="" type="checkbox"/> Remove
		Tampa, FL 33614	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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**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.

Dated 9/11/2023 2023

Signature of a member or authorized representative of a member

DBA : Jhamil HOLLY, VICTOR HOLLY BEY

Typed or printed name of signee

**Filing Fee: \$25.00**