

L21000533687

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

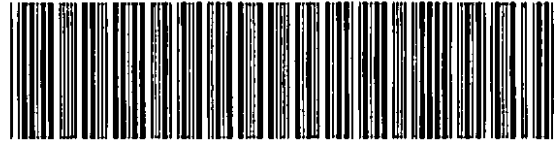
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300382664483

SECRETARY OF STATE

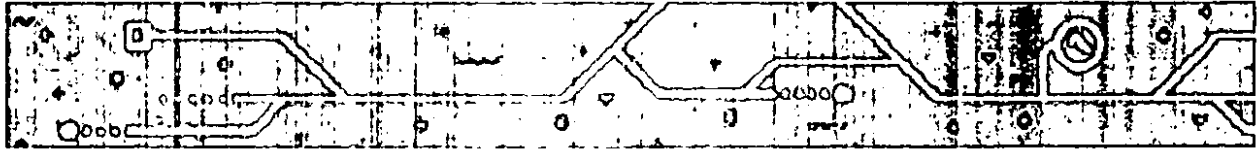
SECRETARY OF STATE
TALLAHASSEE, FL

2022 MAR 11 PM 3:58

FILED

A. BUTLER

MAR 22 2022



zenbusiness

Mar 8, 2022

Florida Secretary of State
Division of Corporations
2415 N Monroe St Suite 810
Tallahassee, FL 32303

RE: The Semitone Collective LLC

To Whom It May Concern:

Attached please find the executed CERTIFICATE OF AMENDMENT, for the above referenced. Please review and file the attached document on a routine basis.

Once completed please forward the filed confirmation or notification to the address listed below:

ZenBusiness Inc
Attention: Kelly Castro
5511 Parkerest Dr., Suite 103
Austin Tx 78731

If you have any questions, please feel free to contact me at 844-493-6249 or at fulfillment@zenbusiness.com.

Thank you.

Kelly Castro
ZenBusiness Customer Success

ARTICLES OF AMENDMENT,
TO
ARTICLES OF ORGANIZATION
OF

2022 MAR 11 PM 3:58

The Semitone Collective LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company) **STATE OF FLORIDA**
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 01/07/2022 and assigned Florida document number 1.21000533687.

This amendment is submitted to amend the following:

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

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

Enter new principal offices address, if applicable: _____

(Principal office address MUST BE A STREET ADDRESS) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

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

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Mark Andrew Davison JR	5857 Coyote Hats St	<input checked="" type="checkbox"/> Add
		Las Cruces NM, 88012	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Michael E Goddard	5652 Cactus Thorn Ave	<input type="checkbox"/> Add
		Las Vegas NV, 89118	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Mike G Foster	1225 Palmetto Arms Dr	<input type="checkbox"/> Add
		Apt 4E	<input checked="" type="checkbox"/> Remove
		Camden SC, 29020	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

