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PICK-UP WAIT MAIL
(Business Entity Name)
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T. MATTHEWS MAR - 7 2022

COVER LETTER

	Registration Se Division of Cor			÷
eun icz	Tre-	LABEL, LLC		
SUBJEC	,I:	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
			Name of Person	
		NEDDROY BENT	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
			Firm/Company	
		HB MUSIC & MARKETII	NG GROUP, LLC	
			Address	·
		19122 CYPRESS REAC	H LANE TAMPA, FL 33647	
			City/State and Zip Code	
		CDETHELABEL@GMAIL E-mail address: (COM to be used for future annual report no	tification)
For furth	er information c	oncerning this matter, please c		
NEDDR	OY BENT		813 781-6129	
	Name o	f Person	Area Code Daytii	ne Telephone Number
Enclosed	d is a check for th	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 Address Registration S		Street Address: Registration S	ection
	Division of C	Corporations	Division of Co	orporations
	P.O. Box 632 Tallahassee,		The Centre of 2415 N. Monre	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

22 FEP 15 FH 2: 59

CDE THE LABEL, LLC
(Name of the Limited Liability Company as it now appears on our records.)

The Articles of Organization for this Limited Liability Co	ompany were filed on 01/04/2022 and assigned
Florida document number L22000010701	·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ed liability company here:
The new name must be distinguishable and contain the words "Limite	ed 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 ADDRE	<u></u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the name of the new regis
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 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	CHRISTOPHER J OLIVER	18001 RICHMOND PLACE DRIVE	
		APT 912	□ Remove
		TAMPA, FL 33647	
			□Add
			Remove
			□Change
			🗀 Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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			□Add
			□Remove
			□ Change

Effective date, if other than the date of filing: (() an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (Note; If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records. the record 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 cord is filed. Dated FEBRUARY 19TH 2022 Signature of Figure authorized representative of a member		
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Dated		
Signature of immember or authorized representative of a member	F	EBRUARY 19TH 2022
	Dated_	(160/1h

Filing Fee: \$25.00