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T. MATTHEWS APR - 1 2022

COVER LETTER

IO: Registration Sec Division of Corp			
SUBJECT:	Jay's M	usic Studio	L.L.C.
	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Jul	ian W. Lens	<u> </u>
	Jay's	Music Stud	io, L.L.C.
	P.O. Bo	× 880505	
	Port Sain	+ Lucie, FL 3	1988
		Lens at (73Z) 900-51Z6 Area Code Daytime Telephone Number wing amount:	
	E-mail address: (to be used for future annual report notif	fication)
For further information co	oncerning this matter, please co		
1.	111)	han acce	C12 /
Julian	W. Lens	$\underbrace{ \left(\frac{732}{900}\right)}_{at} \underbrace{ \left(\frac{732}{900}\right)}_{at}$	75126
Name of	Person	Area Code Daytime	e Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
Mailing Address		Street Address	

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

Jay's)	Music	Studio,	122 12:16 12:146	
(Name of the Limited (A	Liability Comp Florida Limited	any as it now appears on o Liability Company)	our records.)	
The Articles of Organization for this Limited Liab	oility Company	y were filed on <u>Jane</u>	uary 18, 2022 and assigned	
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of the	he limited lial	oility company here:		
The new name must be distinguishable and contain the word	ds "Limited Liab	ility Company," the designa	ation "LLC" or the abbreviation "L.L.C."	-
Enter new principal offices address, if applicab	ole:			-
(Principal office address MUST BE A STREET A	ADDRESS)			-
			<u>-</u>	-
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>			-
				-
B. If amending the registered agent and/or regingent and/or the new registered office address because the new registered of the new registered agent and/or registered agent and/or registered of the new re		address on our record	ds, <u>enter the name of the new registe</u>	rec
Name of New Registered Agent:				-
New Registered Office Address:		p		-
		Enter Florida str		
		City	, Florida 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
<u>AMB</u> R	Julian W. Lens	Address 9950 Perfect Dr., Part Saint, TE	34986 Add
			□Remove
			□Change
			□Add
		-	□Remove
			□Change
			□Add
			□Remove
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an eff ote:	ive date, if other than the date of filing: March 6, 2022 (optional) ective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
recor is fil	d 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 ed.
ated	March 16 . 2022.
	//ll
	Signature of a member or authorized representative of a member Julian W. Lens Typed or printed name of signee