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SECRETARY OF STATE
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COVER LETTER

| | egistration Se ivision of Cor | | | • |
|--------------------------|---|---------------------------------|--|---|
| SUBJECT | 210 School of Music, LLC | | • | • |
| SUBJECT | | Name of Lim | ited Liability Company | |
| The enclos | sed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please retu | ırn all correspo | ndence concerning this matter | to the following: | |
| | | Benjamin Platt | | |
| | | | Name of Person | |
| | | Tembo CPAs | | |
| | | | Firm/Company | |
| | 210 School of Music, LLC Name of Limited Liability Company d Articles of Amendment and fee(s) are submitted for filing. In all correspondence concerning this matter to the following: Benjamin Platt | | | |
| | | | Address | |
| | | St. Augustine, FL 32080 | | |
| | | | City/State and Zip Code | |
| | | - ' | | |
| | | E-mail address: (| to be used for future annual report no | diffication) |
| For further | r information c | oncerning this matter, please c | all: | |
| Marcia Ca | ıtlett | | | |
| | Name o | f Person | Area Code Dayti | me Telephone Number |
| Enclosed i | s a check for ti | ne following amount: | | |
| ■ \$25.00 | 9 Filing Fee | | Certified Copy | Certificate of Status & Certified Copy |
| | | | | ection |
| Division of Corporations | | Division of Corporations | | |
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| J | ananassee, l | r に 323 [4 | Z4TƏ IN. MONI | oc street, suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT | ED TO ARTICLES OF ORGANIZATION 31 AMII: 42

210 School of Music, LLC

SECRETARY OF STATE TALLAHASSEE, FL

(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 | y were filed on 02/07/2022 | and assigned |
|---|--|--|
| Florida document number L22000065117 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited lial | bility company here: | |
| The new name must be distinguishable and contain the words "Limited Liab | ility Company," the designation "Ll | .C" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | <u></u> |
| (Principal office address MUST BE A STREET ADDRESS) | | |
| | | |
| Enter new mailing address, if applicable: | assassas | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street addr | wee . |
| | | |
| | City | F lorida Zip Code |
| New Registered Agent's Signature, if changing Registered Agent | <u>:</u> | |
| I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change. | e performance of my duties. provided for in Chapter 603 | and I am familiar with and 5, F.S. Or, if this document is |
| If Cha | inging Registered Agent, Signatur | c 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> | Type of Action |
|--------------|---------------|---------------------------------------|----------------|
| Member | Dean Campbell | 1613 Hawkerest Drive | |
| | | Saint Johns, FL 32259 | □Remove |
| | | | □Change |
| | <u></u> | | □Add |
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| (If an effectiv Note: If t | ve date is listed, the the date inserted i | n this block does | filing: | r to date of filing o | or more than 90 day iling requiremen | (optional) is after filing.) Pursu ts, this date will no | ant to 605.0207 (ot be listed as th |
| ne record sp ord is filed. | | effective date, bu | it not an effective t | ime, at 12:01 a.: | m. on the earlier | of: (b) The 90th | day after the |
| Dated Ma | arch 29 | \int_{-} | . 2022 | · | | | |
| | | Signature | of a member or auti | orized representati | tive of a member | | |
| | D C 1 11 | _ | | · | | | |
| | Ryan Campbell | <u> </u> | Typed or prin | ted name of signe | r ³ | | <u></u> |

Filing Fee: \$25.00