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SEGMENT DESTITE

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COVER LETTER

	gistration Sec vision of Corp			
CUBIECT		usic Business, LLC		
SUBJECT		Name of Limit	ed Liability Company	
The enclose	ed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please retur	n all correspoi	ndence concerning this matter t	o the following:	
		Angela Poole		
			Name of Person	
		AMP Expert Solutions, LL	С	
			Firm/Company	
		140 South Beach Street, Su	nite 310	
			Address	
		Daytona Beach, FL 32114		
			City/State and Zip Code	
		apoole@ampexpertsolution:	s.com to be used for future annual report no	htification)
For further	information c	e-mail address. (i		incaron,
Angela Po	ole		678 910-2487	
	Name o	f Person	Area Code Dayti	ime Telephone Number
Enclosed is	s a check for ti	ne following amount:		
\$ 25.00) Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	failing Addres		Street Address: Registration S	Section
Г	Division of C	Corporations	Division of C	orporations
	O. Box 632 allahassee,		The Centre of 2415 N. Mon	Tallahassee roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

School of Music Business LLC

2022 SEP 15 PM 2: 49

Business LLC

(Name of the Limited Liability Company as it now appears on our records.) OF STATE

(A Florida Limited Liability Company) CALLASS SEE, F. The Articles of Organization for this Limited Liability Company were filed on 2/24/22 with eff. date 2/22/22 and assigned Florida document number L22000097811 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Institute for Music Business, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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

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>	Name	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
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ffective date, if other than the date an effective date is listed, the date must be total. If the date inserted in this block occument's effective date on the Department.	e specific and cannot be pri c does not meet the ann		(option one than 90 days after file g requirements, this d	al) ling.) Pursuant to 605.020 late will not be listed as
record specifies a delayed effective d	ate, but not an effective	e time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
is filed.				
September 14	2022	·		
September 14	. Porte	·		
September 14	. Porte.	thorized representative	of a member	