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COVER LETTER

TO:	Registration Sec Division of Corp						
CHELL		Records, LLC					
SUBJE	C1:	Name of Lim	ited Liability Company				
		Amendment and fee(s) are sub					
		Michael Jon Samuels					
			Name of Person	·			
		Singh, Singh & Trauben I.	LP				
			Firm/Company				
		400 South Beverly Drive,	Suite 240				
			Address				
		Beverly Hills, CA 90212					
		· · · · · ·	City/State and Zip Code				
		msamuels@singhtraubenlaw.com E-mail address: (to be used for future annual report notification)					
			•	lication)			
For furt	her information co	oncerning this matter, please c	all:				
Michae	l Jon Samuels		310 856-9705 at ()				
	Name of	Person	Area Code Daytime	e Telephone Number			
Enclose	d is a check for th	e following amount:					
■ \$25	i.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	<u>s:</u>	Street Address:				

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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 OF

Los Sensei Records, LLC				
(Name of the Limi	ted Liability Compa (A Florida Limited)	ny as it now appears on o Liability Company)	our records.)	
The Articles of Organization for this Limited L Florida document number L22000133251	iability Company	were filed on March 1	7, 2022 and assig	jned
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name of	f the limited liab	ility company here:		
he new name must be distinguishable and contain the	vords "Limited Liabi	lity Company," the designa	tion "LLC" or the abbreviation "L.L.	C."
Enter new principal offices address, if applic	able:	1000 Sanchez Osorio		
Principal office address MUST BE A STREI	ET ADDRESS)	Apartment 1730		<u>-</u>
		Carolina, PR 00984		
nter new mailing address, if applicable:		P.O. Box 1730 Carolina, PR 00984	22 JUL -	DIVISION OF
Mailing address MAY BE A POST OFFICE		P) 3	100.100 100.100	
3. If amending the registered agent and/or agent and/or the new registered office addre		address on our record	ls, enter the name of the new	register
Name of New Registered Agent:	Registered Age	ents Inc.		
New Registered Office Address:	7901 4th Street	N, Suite 300		
		Enter Florida str	eet address	
	St. Petersburg		Florida <u>33702</u>	
		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.

BUHavre
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>	Type of Action
	,		□Add
			□Remove
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ote: If the date	f other than the s listed, the date mu inserted in this b tive date on the E	lock does not	t meet the app	dicable statu	iling or more the	(optic an 90 days after uirements, this	onal) filing.) Pursuar date will not	nt to 605.020 t be listed a
record specifies is filed.	a delayed effectiv	ve date, but no	ot an effectiv	e time, at 12:	01 a.m. on th	e earlier of: (b) The 90th c	lay after the
ated June 24			. 2022	·				
			, , , ,	·				
		Signature of :	a member or a	uthorized repre	esentative of a	nember	<u>, </u>	

Filing Fee: \$25.00