10/25/22, 2:55 PM

Division of Corporations

## Florida Department of State

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(((H22000365790 3)))

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011 Phone : (844)386-0178 : (214)317-4754 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JENALF MUSIC LLC

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To: 18506176383 From: 14693173436 Date: 10/25/22 Time: 7:58 PM Page: 02/04

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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JENALF MUSIC ELC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our rec Liability Company)	eords.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000227463</u> .	were filed on $\frac{05/16/2022}{}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	hty Company," the designation "I	LC" or the abbrevia to "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		25 L
		- SA 3 - M
		ි. විසි ම
Enter new mailing address, if applicable:		39
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records. <u>en</u>	ter the name of the new register
New Registered Office Address:		· · · · · · · · · · · · · · · · · · ·
	Enter Florida street add	
	(in)	Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, provided for in Chapter 60	, and I am familiar with and 35, F.S. Or, if this document is
if Chan	iging Registered Agent, <u>Signatu</u>	re of New Registered Agent

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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 (((H22000365790 3)))

Title	<u>Name</u>	Address	Type of Action
A1 <sup>1</sup>	SRA JENNY M LECUNA	8057 CADMAN ST	
		ORI ANDO, FL 32832 ES	
ΑP	ALEONSON CHANGES		
	ALFONSO S PINEDA	4725 OLIVE BRANCH RD	
		ORLANDO, FL 32811	Z]Remove
			□Add
			DRemove
		-	DChange
			ORemove
			D'Change
			DAdd
			BRemove
			I Change
(	((H22000365790 3)))		□Remove
			IIChange

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## (((H22000365790 3)))

D. If am	ending any other information, enter change(s) here: tAttach additional sheets, if necessary.j
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E. Effectiv (If an effective Note: 1) documer	e date, if other than the date of filing:  tive date is fisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuam to 605 0207 (3) (the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the t's effective date on the Department of State's records.
Dated	C'ctebe, 13 2022  (Checse July  Signature of a member of authorized representative of a member
	Meperse short
	Signature of a member or authorized representative of a member
	Typed or printed name of signee
	types of printed name of signee

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