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COVER LETTER

Tallahassee, FL 32314

TO: Registration Sec Division of Corp			
SUBJECT: Ber	Hournoy Name of Limite	MySiCian ed Liability Company	, <u>LIC</u>
The enclosed Articles of a	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspon	ndence concerning this matter to	the following:	
	DIAK	Name of Person	1
	Ben Flour	noy Musiciar	5,4C
	422 Mis	hland are	
	Quincy	FL 3335	51
	123 du E-mail address: (to	ich 2 ao locon	ration)
For further information co	oncerning this matter, please cal	n:	
		a(<u>350</u>)_509	4719
Name of	f Person	Area Code Daytune	Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration 5 Division of C P.O. Box 632	Section orporations	Street Address: Registration Sec Division of Corp The Centre of Ta	orations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 JUL 14 PM 4: 41 The Articles of Organization for this Limited Liability Company were filed on _ Florida document number 122000248566 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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:

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 Changing Degistered 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>	Address	Type of Action
Amba	Drake Flaurney	422 Highlandur	12-Add
		Quiny, Fr. 32351	□Remove
			□Change
titlelres	Drake Gourney	922 Highland and Querry, Fr. 32351	🗀 Add
		Wheney 170. 30351	Remove
			□Change
title Pas.	Terri Flournay	1/20 Nich 100 1 210	□Add
		Usa Highland and Quincy Fr. 32351	⊈ Remove
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effective date is liste te: If the date inse	rted in this block doc	cific and cannot be prior to o	fate of filing or more than	(optional) 90 days after filing.) Pursuan rements, this date will not	t to 605.03 be listed
cord specifies a de s filed.	layed effective date,	but not an effective time	, at 12:01 a.m. on the	earlier of: (b) The 90th de	ay after t

Filing Fee: \$25.00