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SECRETARY OF STATE
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Squil, Musike Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Alexandro Mol	Wil
Name of Person	
NA	
Firm/Company	Ju Hany
++1 M =	F 5+ # 10 +
Address	
Miami FC, 3	33126
City/State and Zip C SAUYE WEGGEVELL E-mail address: (to be used for future and	26 auail com
For further information concerning this matter, please call:	
Alexandro Moliny 305	300-8933
Mame of Person Area Code	Daytime Telephone Number
Enclosed is a check for the following amount:	
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status Certificate of Status Certified Copy (additional copy in the copy in th	Certificate of Status &

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

Street Address: 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

(Name of the Limited Liability Company as it now appears on our re (A Florida Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Company were filed on Florida document number 22000256477.	2072 and assigned
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 "L.L.C."
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)	ECRETARY OF STA
B. If amending the registered agent and/or registered office address on our records, en agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street ad	ldress
City	. Florida 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.

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
MGA	Alexandro Molina	7771 aw 71 st With 904	DAdd
,	·.J	7771 aw 7"st With 904 Miann FL, 33126	Remove
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record spec d is filed.	ifies a delayed effec	tive date, but no	t an effective time	e, at 12:01 a.m. on t	he earlier of: (b)	The 90th day after the
Dated	August	29th				
	J	0.		1.		
		Signature of &	member or authoriz	ted representative of a	member	

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Filing Fee: \$25.00