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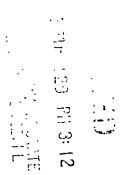
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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R. HUNT 63/25/21

BIRTHMAN

S MINIST

(209) M89-2989

325 W 26th St Miami Beach FL,33140 OZIHAR 29 PH 3:

TO: Registration Sec Division of Corp			
SUBJECT: _MAK	CENZIE & MO	AX MUSIC,	LLC
	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Mo	x Matrix	
		Name of Person	, 100
			D231
		Firm/Company	
	325 W	J 26th St	29 PH C
	Miami	Beach /FL/	TOTAL HAR 29 PH 3: 12 THE TARY OF STATE THAT LATTAS SEE, FL TO STATE OF STATE THOSE SEE TO STA
		City/State and Zip Code	
	Maxmatrix liv	cegmail. Com	(cation)
For further information co	oncerning this matter, please ca	•	
Max Mr.	Person	at (209) 489 Area Code Davtime	- 2989 Telephone Number
		•	•
Enclosed is a check for the	e following amount:		•
□ \$25.00 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		Street Address:	4 : a.m.
Registration S Division of Co		Registration Sec Division of Corp	
P.O. Box 6327	-	The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION OF

were filed on June 16, 2022 and assigned
oility company here:
sic, LLC
lity Company," the designation "L.L.C." or the abbreviation "L.L.C."
325 W 26th St
Miani Beach : 3
325 W 26th Star 28 19 19 19 19 19 19 19 19 19 19 19 19 19
address on our records, enter the name of the new registered
Enter Florida street 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.

City

Florida

AMBR = Authorized Member Apt 704 Type of Action

754 NE 90 Street DAdd <u>Title</u> Name Makenzie Suceney Miami Shores FL 33138 United States □Add □ Remove □ Change ☐ Change __ 🗆 Add □Remove □Change □Add □Remove □ Change □Add □Remove _ 🗆 Change

MGR = Manager

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ument's effective date or	n the Department o	if State's records.					
cord specifies a delayed e s filed.	effective date, but i	not an effective tim	e, at 12:01 a.t	n. on the earlier o	f: (b) The 90	th day a	ıfter the
10 -1	th	<u>, 2023</u>	-·	M			
ed March 17				A 1/1//			
ed Wincon I	Signature of	a member or author	zed representat	ive of a nytynber			-