L22CCO 451274

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TALLAHASSEE, FLOR



COVER LETTER

TO: Amendment Section

Division of Corpo	rations			
NAME OF CORPOR	TATION: Lake	Morth Mu	sic Academy	, LLC
DOCUMENT NUMB	ER: 120004	51274		
The enclosed Articles	of Amendment and fee are	submitted for filing.		
Please return all corres	pondence concerning this n	natter to the following:		
_	M.	vin Allo	in	_
		Name of Contact Person	Academy, LLL	-
	300 Wa-	termay Dr 5	THE IN	_
	1 40+	AND FL	33462	
		City/ State and Zip Coo	le	_
	E-mail address: (to be	used for future annual repor	t notification)	
For further information	n concerning this matter, ple	ease call:		
herin Name o	FOOTBOOK Person	at (<u>Ölç)</u> Area Co	000 - 8116 ode & Daytime Telephone Numb	 per
Enclosed is a check for	r the following amount mad	e payable to the Florida Der		
5 \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Ame Divi	ling Address Indiment Section Ission of Corporations India Box 6327	Amen Divisi	Address dment Section on of Corporations Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

Articles of Amendment

Articles of Incorporation Corporation as currently filed with the Flor (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006. Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: Florida (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President: T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	\underline{V}	Mike Jo	ones	
X Add	<u>sv</u>	Sally Sn		
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1) Change		_		
Add				
Remove				
2) Change				
Add				
Remove 3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
		-		
Add				
Remove				

illac	ending or adding additional Ar h additional sheets, if necessary).	(Be specific)			
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		_		•	
<u>lf an</u>	amendment provides for an ex-	hange, reclassification	i, or cancellation of i	issued shares,	
prov	isions for implementing the an	endment if not contain	<u>ned in the amendme</u>	nt itself:	
•	(if not applicable, indicate N/A)				
		· <u>-</u>			
		 _			

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The date of each amendment(s) adoption: 4/5/24
date this document was signed.
Effective date if applicable: 4/5/24
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
bv
(voting group)
Dated 4/5/24
Signature Signature
(By director, president or other officer – if directors or officers have not been
selected, by an incorporator – if in the hands of a receiver, trustee, or other court
appointed fiduciary by that fiduciary)
Mevin Allain
(Typed or printed name of person signing)
MGB
(Title of person signing)