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A. PARISHANI OCT 0 7 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:	N63JA, LLC	•			
SUBJECT.		Name of Lim	ited Liability Company		2023
					3 ()
The enclosed	Articles of An	nendment and fee(s) are sub	mitted for filing.		22
Please return	all correspond	ence concerning this matter	to the following:		. Oi
		Donald Williams			1:27
			Name of Person		
		N63JA, LLC			
			Firm/Company		
		1051 SE Riverside			
			Address		
		Stuart, Fl 34996			
			City/State and Zip Code		
		don@sonicscores.com			
		E-mail address: (to be used for future annual i	report notification)	
For further inf	formation con-	cerning this matter, please ca	all:		
Donald Willia	ıms		at ()	5-4141	
	Name of Pe	erson	Area Code	Daytime Telepho	one Number
Enclosed is a	check for the i	following amount:			
≡ \$ 25.00 Fi	ling Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is encl		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

2023
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N63JA, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A Fibrial	a Emilied Clabinty Company)	_
The Articles of Organization for this Limited Liability C	Company were filed on 10/31/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
PT328NA, LLC		
The new name must be distinguishable and contain the words "Lin	nited Liability Company." the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our records, <u>enter</u>	r the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	SS .
		lorida
	City	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
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			□Remove
			□Change
			Z02 DAdd
		····	ਤ ਨ ਉRemove
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			~7 □Add
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September 20 2023 **Consolal Williams** Signature of a member or authorized representative of a member	ote: If the date inserted in this blo ocument's effective date on the De	epartment of State's records.	
September 20 2023 Conold Williams Signature of a member or authorized representative of a member	ote: If the date inserted in this blo ocument's effective date on the De record specifies a delayed effective	epartment of State's records.	
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